MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13847

13859 CERTIFICATE OF DEATH

Reg. Dist. No.

-												
	ACE OF DEATH	Laomera		MARY	LAND	2. USUAL RESID	SA CO		D b. COUN			nission)
		If optside corporate li)ni	ts, write	c. LENGTH OF STAY		e. CITY OR T	OWN (If o	,1	oto limits, write			own)
d.	NAME OF HOSPI	TAL (If not in hospital, g		n + Hospit	a/	d. STREET A	Lon	1	in st,	NW.	10	RESIDENCE A FARM? NO NO
DE	CEASED (pe or print)	Jan		Middle		4 Abo	ott	4. DATE OF DEATH	·/2	lonth _	Doy 17	Yeor 1958
5. SE)	Female	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCE		8. DATE OF BIRTH		3	9. AGE (In year last birthday) Months	Days Hou	
10o. l	luring most of war	ON (Give kind of work of king life, evan if retired)		wn home	R INDU	STRY 11, BIRTHPL	C.	or foreign co	untry)	12. CIT	G. S.	AT COUNTRY?
13. FA	NOhN	Brown	,			14. MOTHER'S	MAIDEN N	EXPERIENCE .	FILL	IUS		
15. W (Yes, n	AS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	marine)	SOCIAL SECURITY NO). 17. I	Hospita	1 x	Person	ds A	ddress		
		mmediate	Cin	Ralign	dean	wart	In	plu	ma		2 A	Jeans
	lying couse lost. PART II. OT)	ontributing to de	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN PAR	PEI	AS AUTOPSY FORMED?
	00. ACCIDENT W. DR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature o	injury in l	Port I ar Part	II of item 16.)			
MEDICAL	Oc. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While	Nat while of work		ACE OF INJURY (I ctory, street, office			or town)	{(Caunty)	(Stote)
AS	CTUAL IGNATURE	nat I attended the	19 =	Sager	/	accurred at.	1:45	A.M. fram		and an t		ne deceased ated abave. DATE SIGNED
220.	BURIAL CREMATIC REMOVAL (Specify BURIAL	12/19/58		22c. NAME OF CEM					TION (City, tow CE GEO.			itote)
23. FL	WAR NER	E BUMPHRE	E IN	C. SILVER	SPR	ING, MD.	24o. REC'	D BY REGIST		GISTRAR'S SIE		

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificals has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriot, cremation, or removal, and in any event within 72 bauts after death. VS A1S (4) 1SM 9/SS

HTAS TO TRADE HE more than the first of the last term in the comM

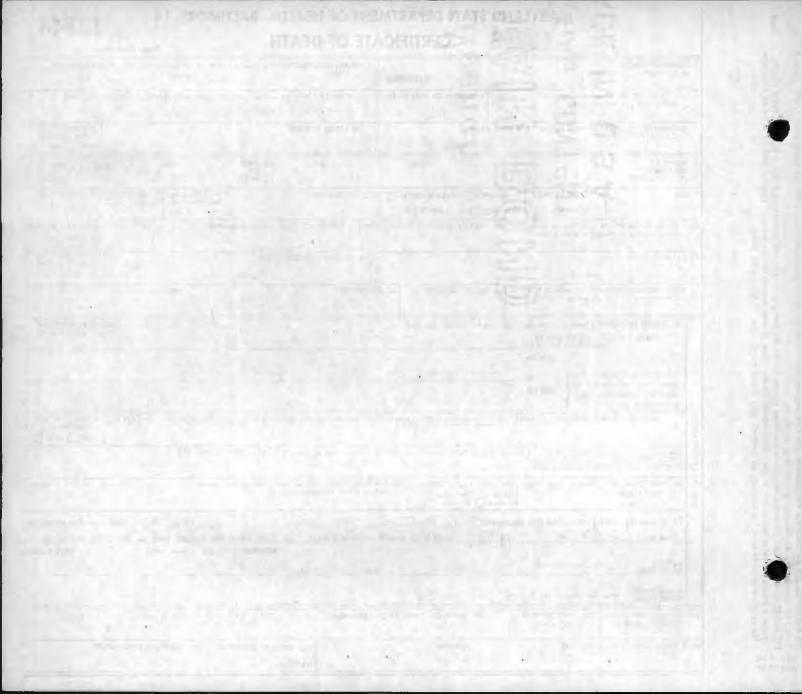
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13898

CERTIFICATE OF DEATH

13848

1. PLACE OF DEATH o. COUNTY	Montg		MAI	RYLAND	II - CTATE	DENCE (Wharyle		lived. If institution b. COUNTY	100	om to		sion)
RURAL and give n	If autside corporate limiteorest town)		c. LENGTH OF STA	Y IN 1b			onGra	ate limits, write f	URAL and	give ne	arest taw	n)
	TAL (II nat in haspital, g		oddress)		d. STREET A	ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Leo	sf .	Midd	le	Achenb		4. DATE OF DEATH	Dec	95.	Do		Year 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARI		B. DATE OF BIRT	· .	187	9. AGE (In years lost birthday) yrs.	Months Months	R 1 YEAR	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATION during most of work (6 5 1 1 1 1	king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	Perin		ar foreign co	untry)	12. C	TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME		-			14. MOTHER'S	MAIDEN N	IAME	-				
12117	iam Achen	buch			ALL	sie	V. Ha	TITTE				
15. WAS DECEASED EVI [Yes, no. or unknown]	(If yes, give war or dates of s	ervice)		1	informant	eph !	i. Ra			en Exai	ent.	IN TEL
PART I. DE)	Hear Luvou	<u>† </u>	Failu.		-d.	tis			ERVAL BI	
gave rise to cause (a), stating lying cause last.	the under-	Ge	nerd li	240	R Aut	enie	, sel	erosi		RT 1(o) 1	IP. WAS	AUTOPSY DRMED?
O (IF EITHER, NOTIFY	AS UNDERLYING AS	20b. DES	CRIBE HOW INJURY	OCCURRE	ED. (Enter nature a	of injury in P	Part I or Part	II of item 18.)				NO
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Ye	20d. II While of wor	Not while at work	20e. Pt	ACE OF INJURY (ictory, street, office	Home, farm, e bldg., etc.	20f. (City	or lawn)	-	(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220- BURIAL, CREMATIC		. 19J	, and the	METERY O	OR CREMATORY		ADORESS (SIN	the causes (eet, city or town,	and on i	the do	te stat	ATE SIGNED
23. FUNERAL DIRECTOR	- I-		l'ores de l'ores		ж . В.	240. REC'I	D BY REGISTI	RAR 24b. REGI	STRAR'S SI	GNATU	RE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13899

CERTIFICATE OF DEATH

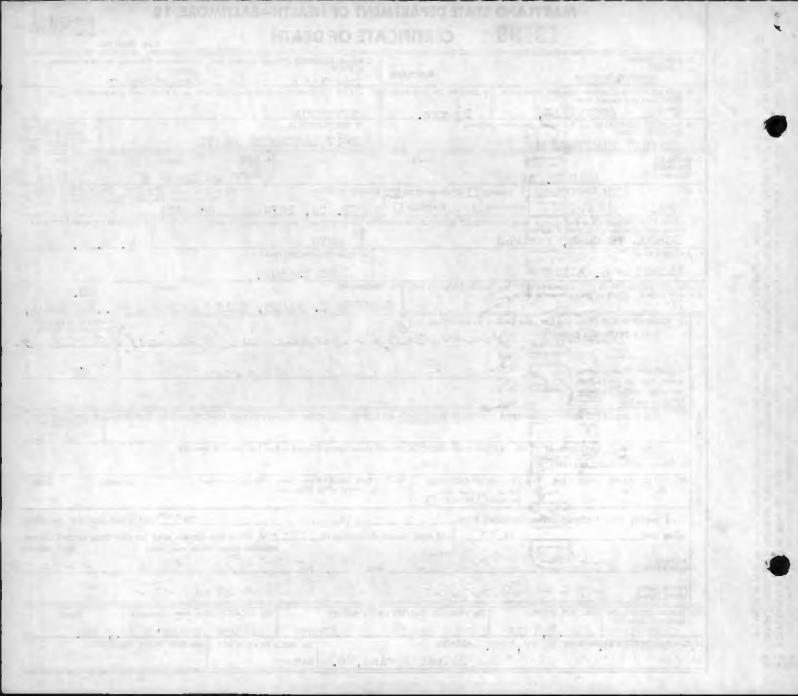
13849

	20	000	GERTI	Henri	- 01	DEAN	•		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY			MARY	LAND 2	USUAL RI	SIDENCE (Wh	ere decease	d lived. If instit b. COUN		te before odn	ission)
MONTG					MARY				NTCOME		
RURAL and give no		ts, write	c. LENGTH OF STAY	IN 15			utside corpo	orate limits, write	RURAL and g	ive nearest to	wn]
	AL (If nat in haspital,	fine shares	35 yrs.	- 1		ESDA				1	
OR INSTITUTION		ive street	agaress	1		ADDRESS				ON	A FARM?
WAVERLY	SANTTARTIM				8617	LANCAS	STER I	DRIVE		YES	□ NO Ϊ
3. NAME OF DECEASED (Type or print)	LULU M. A	at LES	Middle			Lost	4. DATE OF DEATH		ionth .	Day	Year
5. SEX		-	IED NEVER MARRI	ED EXIM B. C	DATE OF BI	RTH		9. AGE (In year	IN LIFUNDER	1 YEAR IF UN	1958 DER 24 HRS.
FEMALE	WHITE	WIDOW	_	-		28. 18	74	lost birthday		Days Hou	7
100. USUAL OCCUPATION during most of work SCHOOL TI	ON (Give kind of work ing life, even if retired EACHER. ret	1	KIND OF BUSINESS O	OR INDUSTRY	11. BIRTH		or foreign c	ountry)	12. CIT	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME				1	4	E'S MAIDEN N	IAME		1 0		
HEZEKIAH	S. AILES				JAN	E ELLIC	OTT				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. INFO	RMANT			A	ddress	MB.	
NO	in her flat was on mores on	Mis extract		CHA	RLES	C. AILI	ES. 86	17 LANC	ASTER I	-	HESDA
232 X Conditions, if a gove rise to it case (a), stoling lying cause last.	mmediote (e	green	Kop	Th	Cron	Ros	is	unal	3 eg	's Rue
¥91X	400								SIVEN IN PAKI	PER	FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (I	Enter notur	of injury in f	Port I or Par	t 11 of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. 11 While at war	NJURY OCCURRED Not while t of work	20e. PLACE factory	OF INJUR	Y IHome, form fice bldg., etc.	, 20f. (City	or town)	(C	aunty)	(State)
actual signature PHYSICIAN'S	at I oftended the 2-4 Hiller	deceas 192		death od				6 , 195 In the causes Ireet, city or tow Shing			
22a. BURIAL, CREMATIO REMOVAL (Specify) CREMATIC		OF 958	22c. NAME OF CEM			TORY		TION (City, fowr		,	ofe)
	SPICHTUREPHRE	4 4 4		X.01.1X.3	HI PACIFIC		D BY REGIST		GISTRAR'S SIG		
Maymon	E. W. Z	istea	Silver	Spring	Md.		01.0.5		Y1 . 0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4. may be retained by TO FUNERAL DI page 3 shauld bz d the registrar prior it VS A15 (4) 15M 9/88

whe hospital ar attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 to burial, cremation, ar removal, and in any event within 72 parts office death.



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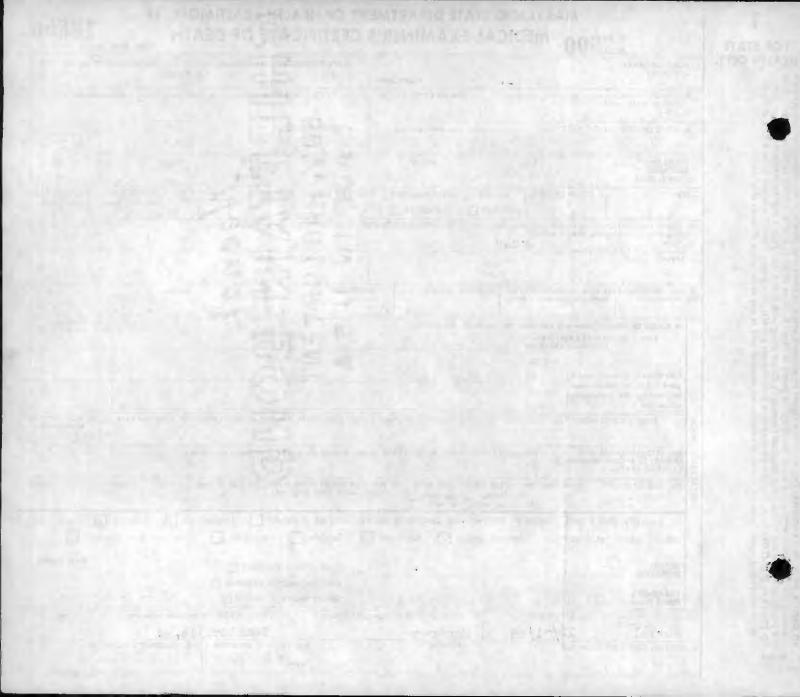
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2

VS. A15ME 5M 2/57

13850

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
o. COUNTY montgomery MARYLAND	O. STATE mel b. COUNTY monts
b. CITY OR TOWN If suiside comprate limits, write RURAL c. LENGTH OF STAY IN 16 engl-give narrest town;	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
Dawsonville life	× Dawsmille
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Poolesville R.F. D.	Poolerall R. T. J. YES NO [
3. NAME OF DECEASED (Type of print) & Autom R. The print)	Lost 4. DATE Month Day Year OF DEATH DO 2 1953
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH 9. AGE (In years LIF UNDER 1YEAR IF UNDER 24 HRS.
male who widowed D DIVORCED D	5-26-1892 (be yes. Months Days Hours Min.
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	md u-sa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin allmutt	Com Characell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M	NFORMANT Address
	is Earrie allowet (wife) Ilum 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	relision
4.20.1 DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate couse (a), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
3	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT N CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour o. m. p. m. 19 at work of work	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ary, street, affice bldg., atc.)
21. I certify that I taak charge of the remains described abo	ive, held an Autopsy . Inspection . Inquiry . and in my
opinion death resulted fram: Natural causes Д, Accident [The state of the s
SIGNATURE Frank J. Brozehout	_M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) FLANK J. Bloschzut	ASSISTANT MEDICAL EXAMINER (12-29-58
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Burial 12/31/58 Monocacy	Beallsville, Md
23. FUNERAL DIRECTOR'S SIGNATURE 71) Please TR 21:01- Breeze 100	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthog & Krans
William B. Hillon Bringville	



arthur & Frank

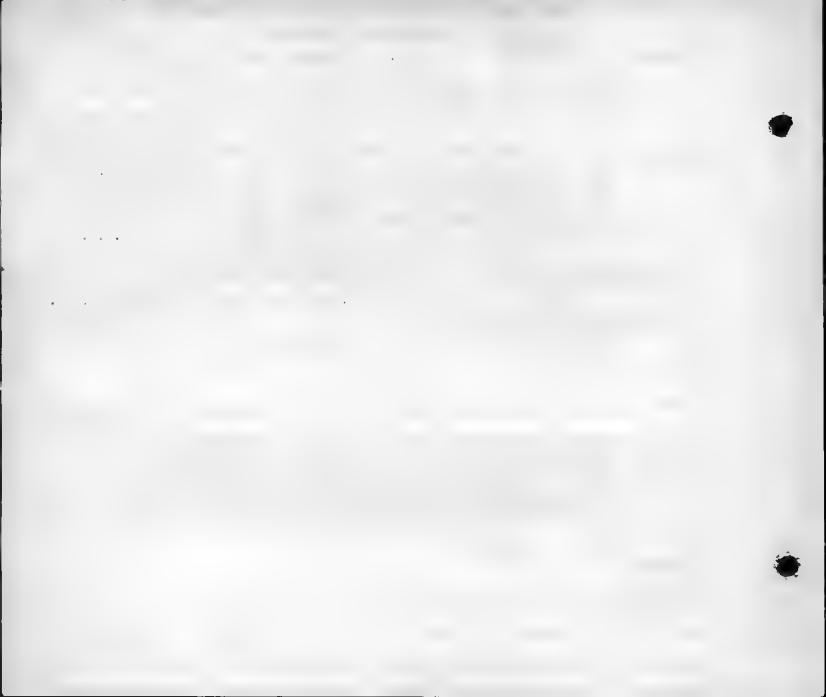
VS A15 (4) 15M 9/S5

requires that the

HTABO SO BTADEFFRED BATH The second of th THE PERSON OF THE PERSON NAMED IN POST OF THE PERSON OF TH Man William St. St. St. and the property of the party o

		13901 CERT	IFIC.	ATE OF DEATH	Reg. Dis	13851 1. No.
be filed with	L	PLACE OF DEATH . COUNTY Montgomery Man C. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA	YLAND	2. USUAL RESIDENCE (Where deceated in STATE Maryland c. CITY OR TOWN (If outside corporate	b. COUNTY Montgo	omery
S A IN		Bethesda $20\frac{1}{2}$ hou		X Gaithersburg	THINK WITH KOKAL OND G	regress town)
(2.5)		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. street address Route #3		on a farm? YES NO 4
filled in	3.	NAME OF First Middle (Newborn) Baby Girl		Lost 4. DATE OF DEATH	Month December	17, Year 17, 19 58
rs. Pog	5.	Female White WIDOWED DIVORCE	ED 🔲	12/16/58	lost birthday) Months yrs.	Days 2018 29
and campaper of death.	10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most af working life, even if retired)	OR INDU	STRY 11. BIRTHPLACE (Stole or foreign coun Maryland		ZEN OF WHAT COUNTRY
e de de	13.	Russel Anderson		14. MOTHER'S MAIDEN NAME Poggy Louise Pr	itchard	
ng physici remove 72 haurs	1\$. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. no or unknown) (If yes, give war or dates of service)		nformant ggy Louise Pritchard	AddresRoute Gaithers	sburg, Md.
offendi en pleas rt within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		rita		INTERVAL BETWEEN ONSET AND DEATH
equires that it is it is it permit. The national permit. The national is it permit.		Cenditions, if ony, which gove rise to immediate cause (a), stoting the under-lying couse lost.				
physicis physicis has been riol-tran maval, a	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D				1(e) 19. WAS AUTOPSY PERFORMED? YES P NO
thending tificate tificate to ar re		OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D (Enter nature of injury in Part 1 or Part II		
tal ar a this cer ar use a remotia	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of twork		ACE OF INJURY (Hame, form, 20f. (City or ctory, street, office bldg., etc.)	town) (Co	ounty) (State)
A TTENDING The hosping TOR: After De detached for or to burial, at		21. I certify that I attended the deceased from 12- alive an 12-17, 19-52, and the ACTUAL FAME Paul Deanto		accurred atM, from t		
OSPITAL OR V be refair MERAL D Registrar prior		PHYSICIAN'S NAME (Type)		Gethere	a	
O HOSPI may be a O FUNER page 3 s the regist	_	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CENTROVAL (Specify) 12(18 DB FOREST		ak Cemetery Gai		(Stote)
VS A1S (4) 1SM 9/33	23.	FUNERAL DIRECTOR'S SIGNATURE 316 E Diano Go: the ersh	d A	240. REC'D BY REGISTRAL DATE DEC 2 2 '5B	R 246. REGISTRAR'S SIGN	

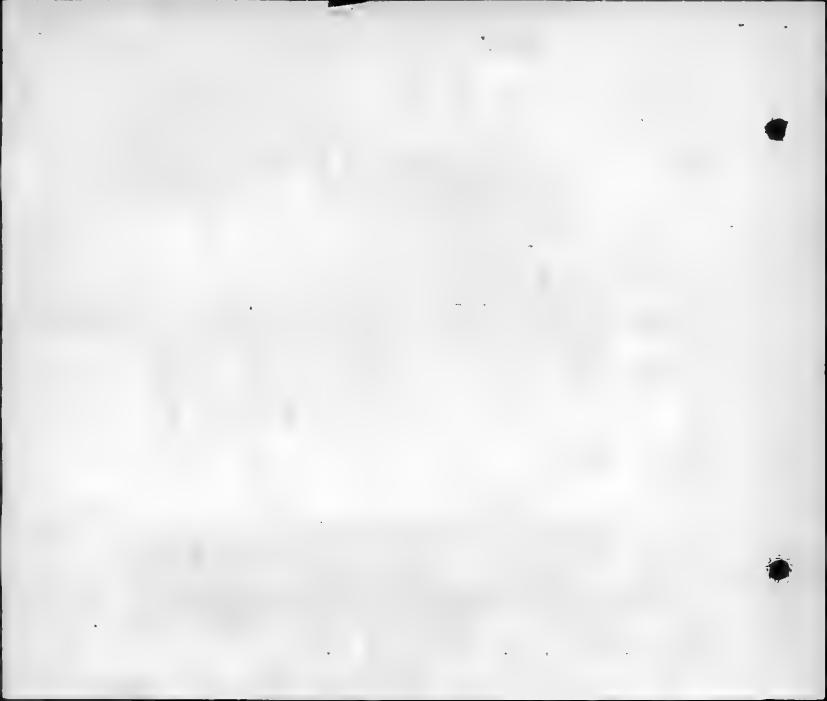
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



after death; Page

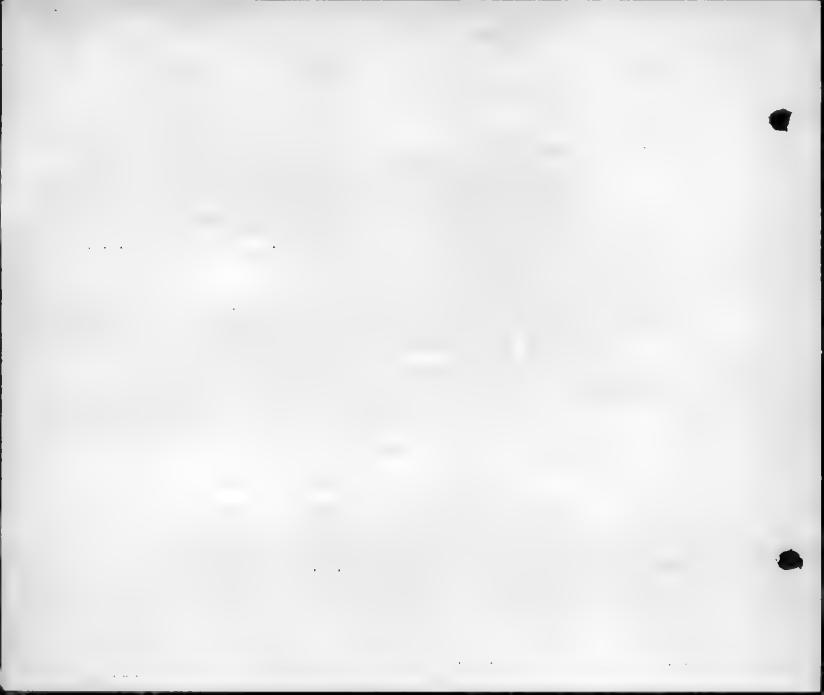


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 1SM 10/S7 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13905 CERTIFICATE OF DEATH

1. PLACE OF DEATH a COUNTY MONTGOMET	У		MARYLA	- 11	USUAL RESH	pence (wh inia	era deceasa	hved If institution barring		e before admiss on)
b, CITY OR TOWN (I RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR I	TOWN (If a	utside corpo	rote limits, write R	URAL and gi	ive negrest lown)
Bethesda	(Rural)		2 days			ngton			Y	
OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET A					IS RES DENCE ON A FARM?
U. S. Nav	al Hospita	1			1003	Kenes	saw St	reet		YES NO
3. NAME OF DECEASED	Fie		Middle		Las	1	4. DATE OF	Mon	th	Day Year
(Type or print)		coln	(n)		BALL		DEATH	Decem	ber	18 1958
5. SEX			IED X NEVER MARRIED		DATE OF BIRTI	Н		9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HR
Male	Caucasian	WIDOWE	D DIVORCED		7-28-19			39 yrs	Montes	Doys Hours Min
10a. USUAL OCCUPATION during most of work	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR I	NDUSTR	Y 11 BIRTHPL	ACE (Stote	or foreign c	ountry}	12. CITI2	ZEN OF WHAT COUNT
Mail Cler	k	A	mVets		77	W. Va.			U.	S.A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			
Osburne B	ALL.				Bell	LEWIS	3			
15 WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INF	DRMANT			Addr	e13	
yes	WWII	23	13-26-0906	(W)	Mrs. V	/irgir	nia W.	Ball, sa	ame as	#2 above
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c)]					-		INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Acu	te pulmonar	v eđ	ema					2-3 hours
2 KOX	DUE TO									
Conditions, if a		Cor	pulmonale							5-10 yrs
gove rise to in couse (p), stoling t										
lying couse lost.) (c		onic bronch:							5-10 yrs
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PART	I(a) 19. WAS AUTOPS'
CAT										YES TO NO
TO GIF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	TRIBE HOW INJURY OCC	URRED.	Enter nature o	Finjury in P	art I or Parl	It of item 18.)		
	Y Month, Day, Yes			e PLACI	OF INJURY (I	Home, form,	20f. (City	or town)	(Cr	ounty) (Stoke
Mour o.m. ▼ p.m.	19	While at work	Not while	facial	y, street, office	bldg., etc.	1			
21. L certify the	at Lattended the	decense	od from Decembe	er 1	6 1058	-Dec	ember	18 1058	Abox I I	and the second
alive an Dec	ember 18	19_5	8 and that de	anth a	courred at	9:154	AA fran	the severe	,,inai i ja	e date stated aba
1										DATE STORED STORE
ACTUAL SIGNATURE	Mumi	4	Local		U.S.	Nava	1 Hos	pital, N	NIMC	12-18-58
//	7							*		
PHYSICIAN'S MAME (Type)	Jerome A.	GOLD,	LT, MC, US	N_	Bethe	esda 1	14, Ma	ryland		
220. BURIAL, CREMATION	N. 225 DATE THEREC	F	22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCAT	ION (City, town, o	r county)	(Stole)
REMOVAL (Specify)	12-22-58		Arlington					ngton		rginia
23 TONERAL PINECTOP	SICNATURE		ADDRESS				BY REGIST		TRAR'S SIGN	
W.W. Chamber	8, 3072 "M	"St.	,NW, Washin	gton	, DC	DATEC 2	2 '58	O. Thur	· 9. Hra	Ars



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the contract, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral form 4 should be 1, forded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained if THE FUNERAL HIRITION: Page 3. Bould be used as a burial-transity manning. File pages 1 and 2 with the liste Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VE. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1390 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13856

6	- BLACE OF SECTIO			A HELLAL BESTER	1144		
	1. PLACE OF DEATH a. COUNTY				(Where deceased fixed	lt institutions Residen COUNTY	ce before admission)
	Montgomer	У	MARYLAND		or Columbia		
	and give hearest lown		c. LENGTH OF STAY IN 16	_	(if outside carporate limit	A	give nearest fown)
	Bethesda		DOA	Washington	3	47 x 3	
7		AL OR INSTITUTION (If not in he	spita , give street address)	d STREET ADDRESS			ON A FARM?
"		al Hospital			ec St., N.W.		YES NO X
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Manth	Doy Year
	(Type or print)	Effie	McCumber	BARNES		ecember	8 19 58
	5. SEX		ED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In lost birthd		YEAR IF UNDER 24 HES
	Female	Caucasian WIDOWE	25	1-9-70	88	yrs.	Oy1 Model Mills
1	10a USUAL OCCUPATION during most of working	ON (Give kind of work dane) 10b. (g life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
	Housewife			Minn.		jU	SA
/	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	Robert B.	MC CUMBER		Anna FUL	LER		
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address	
	No		None So	n, Robert M	cC. Barnes,	same as #	2 above
	18 CAUSE OF DEA	TH [Enter anly one cause per line	for (a), (b), and (c).}				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEAT	TH WAS CAUSED BY: AC	ute congestive	heart failu	re		Found dead in
	400.1	DUE TO					bed at home
	Canditions, if a	ny, which) (b) COY	onary sclerosis	3			200 00 110110
	gave fine to immed (a), stating the	diate cause (
	couse last.	(c)					
	Z PART II. OTH	IER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE COND TH	ON GIVEN IN PART	
	Ř						PERFORMED?
	PART II. OTH	JSE WAS 20b. DESCRIB	E HOW INJURY OCCURRED (E	eter nature of injury in Pr	art I ar Part II of item 16)	
	FRIMARY D or COL	NIRIBUTING L					
	3 20c. TIME OF INJU	RY Manth, Day, Year 20d	INJURY OCCURRED 200 PLAC	E OF INJURY (Hame, for	im, 20f (City or town)	(Coun	iy) (State)
	ZOc. TIME OF INJUST Hour e.m.	Whit		ry, street, affice bldg., et	(c.)		
		not I took charge of the		re held an Auton	sy X. Inspection	n []. Inquiry	C and in
					and the second	E-12	
	opinion dedin	resulted from: Notural	coases [X' Accident [Homicide [_], U	indetermined m	onner [_]
	ACTUAL	to 103		CHIEF MEDICAL	EXAMINED [7]		DATE SIGNED
	SIGNATURE . "	2 como X. 1 H	nerhart_	_ M.D	CAL EXAMINER		00
~-	EXAMINER'S NAME (Type)	Frank Broschar	н м в	DEPUTY MEDICAL		1.	2 -8-5 8
		Plank Bloschal	22c NAME OF CEMETERY OR		22d LOCATION (City,	Admira and annual trail	# # # # # # # # # # # # # # # # # # #
	REMOVAL (Specify)	Lia of he	•	WINDLESS CO.	Suitland	win, or county)	(Stote)
(-OTEMALION		Cedar Hill	24n PE/	'D BY REGISTRAR 24	, REGISTRAR'S SIGN	
	1/1 4 1/1/1	rey Funeral Home		Die ger	C 1 0 '58	C Lan S.	
1	tul w Lombu	Tel Ennergy Dong	a be arresided the	DATE		2. 1	J050 15



Reg. Dist. No.

	PLACE OF DEATH	NOTE AN INDIA			- 11 -	JSUAL RESIDENCE (W		d lived. If institut				
L	L CITY OF TOWAL	MONTGOMERY	- infan	MARYLAN LENGTH OF STAY IN			ZLAND		MOM	TGOM		
'	RURAL GIA GIVE P	outside corporate limits, arest fown) PARK	Write C	6 days	16	CITY OR TOWN (IF SIL)	VER SPI		(DKYF BUG 2	give neare	si iown)	
	AP INSTITUTION	AL (If not in hospital, give JASHINGTON S.		·		o 324 PARK	CMAN RO)AD		1	IS RESIDEI ON A FAI YES N	RM?
1 .	NAME OF DECEASED (Type or print)	HARRIS	-	WHIPPL	E B	ARNUM	4. DATE OF DEATH	Mo DE	oth CC.	0 ₀ y 31	Year	
5 :	MALE	Mr. minus de amor des Martino.	MARRIE	NEVER MARRIED	- 1 1 0	TE OF BIRTH /19/90		9. AGE (In years last birthday) 68 yrs	Months Months		UNDER 2	4 HRS. Min,
	during most of work	N (Give kind of work dor- ing life, even if retired) eau of Budge		U. S. Gov		11 BIRTHPLACE (SIGN	e or foreign o	ountry)	I2 CIT	U.S.	WHAT CO	UNTRY?
13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
	ZALMAN BAF	NUM				ELEANOR	uı	iknown				
(Ye		R IN U. S. ARMED FORCE If yes, give war or dates of servi			Mrs.	MANT Helen A. F	Bar num				VAL BETW	
	Conditions, if or gove rise to it cause (o), storing lying couse lost.	nmediate (Ti	rehal Ch	a	terioreles	while		- to the second	5 1/2 Uv-	River	y -
CERTIFICATION	, m	teriosclest	7	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERA	WINAL DISEAS	E CONDITION GI	VEN IN PAR	' '	PERFORMI	OPSY ED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCR	IBE HOW INJURY OCCU	JRRED. (Ei	ter noture of injury in	Port I or Por	t II of item 18)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. INJI While of work [Not while	foctory,	OF INJURY (Home, for street, office bldg., at	m, 20f. (Cit tc)	y or town)	(0	County)		(Slole)
	21. I certify the	at 1 attended the d	eceased 19 <i>5</i>		4-56	., 19, to_ <i>{\infty}</i>		1 19-53 m the causes				
	ACTUAL SIGNATURE	am Hi	M	rum-	M.D.	8237 (fic	ADDRESS (S	treet, city or town, The Silvy	L. Sp	ine!	DATE	SIGNED
	PHYSICIAN'S NAME (Type)	LARON TRAUM					V		,	0.		
220	BURIAL CREMATIO REMOVAL (Specify) ENTOMBMEN	1	I	ZC NAME OF CEMETE	MAUS	ÖLEÜM		TION (City town, CE GEO. (, MD	(Stole)	
23.	FUNERAL DIRECTOR	FUMEHREY, I	NC.	SILVER SP	RING,	MD 246. REC	C'D BY REGIS		istrar's sic		A	

may be retained by the hospital or ottending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by unneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 heurs ofter death. TO FUNERAL DIVERSITY PAGE 3 should be d VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 .



ADDRESS.

Silver Spring, Md.

24b. REGISTRAR'S SIGNATURE

Orthur & Krus

240. REC'D BY REGISTRAR

DATE BEC 2 9 158

VS A15 (4) 15M 9/5S

FUNERAL DIRECTOR'S SIGNATURE

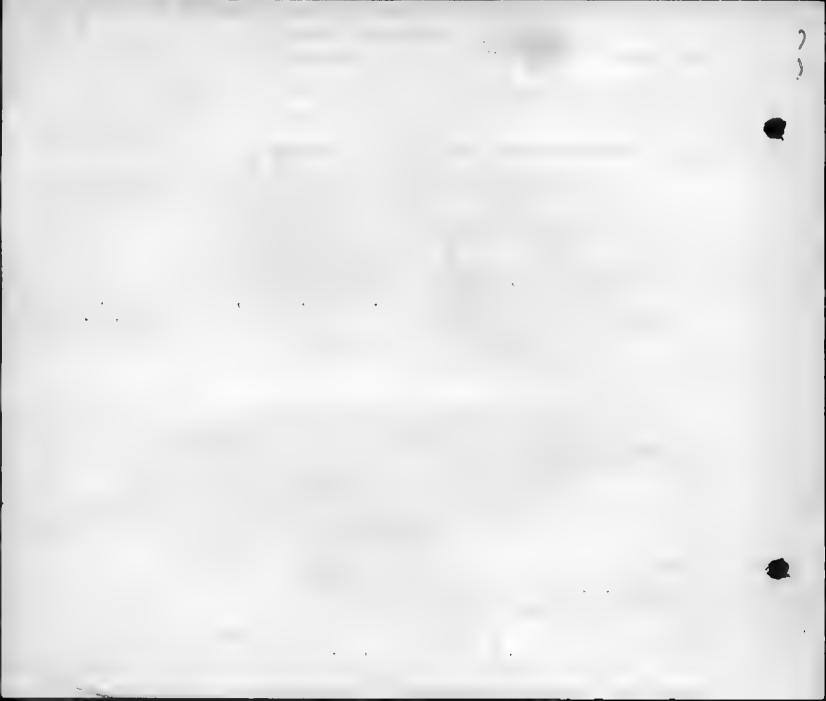
E PUMPHHEY

INC

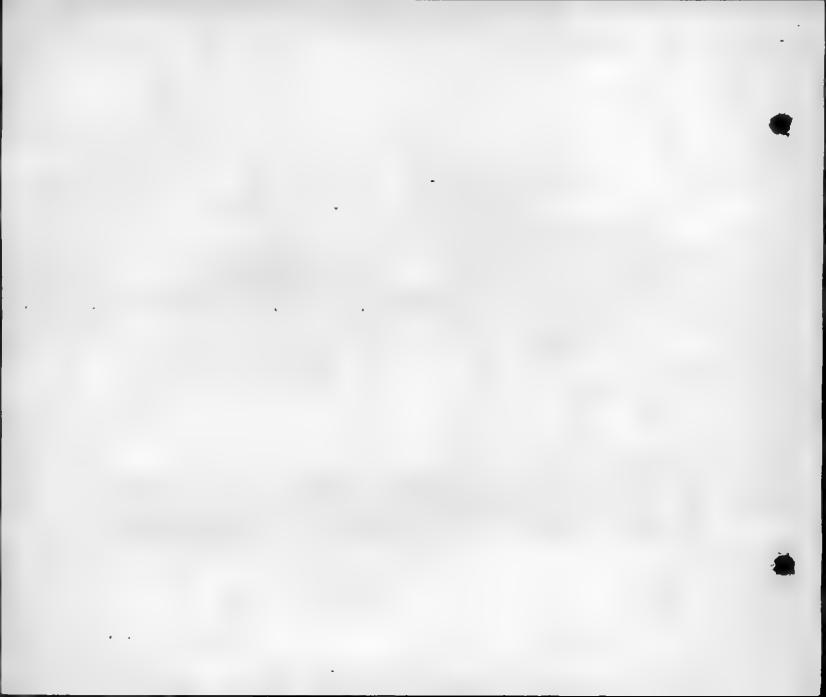
Page

death.

llaurs after



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR STATE	13907 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Dist No.13859
HEALTH DEPT.	1, PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUNTY	sidence before admission)
Les Les	Maryland Mel	into _
	and give nearest town)	01
P. D.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESID NOE
Paragraph of the state of the s	River Rd. R-1 Russ Rd	YES ZI NO
fune fune Stati deatl	3. NAME OF DECEASED And Sirst Middle Lost 4. DATE Month	Doy Year
the The	(Type or print) 5. SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OR RIEDH 9. AGE (IN 1997) 15 UNIO	1958
a sto	Oct. 9. 1904(2) 54 Months	
d 2 had 2 had 2	10a/USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)	ITIZEN OF WHAT COUNTRY
1 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	during most of working life, even if retired) Practical Nurse N, Y	11.5.2
P.M3.	13. Father's NAME Fred Perrotte 14. MOTHER'S MAIDEN NAME ANALAN Sacteau (LILIA	N FACTEAU)
orm orm ever	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Daughter Address	-
it. F	No If yes, give wor or dofes of service) 579-48-7196 rs. Robert A. Walde, Pittsbu	irgh, Penna.
n 18 ng din din	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) }	INTERVAL BETWEEN ONSET AND DEATH
olo sil p	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Coronary Occhion	Found draw
office from novo	Condition if you hit is	in hed
ariol of reference	Conditions, if any, which gove rise to immediate couse DUE TO	
ייי ייי ייי ייי ייי ייי ייי ייי ייי יי	(c), stating the underlying (c) (c)	1
nding Exora	PART II, OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	PERFORMED?
dical dical	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH.	YES NO M
word word wid k	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
Chief Chief 3 short	Hour e. m. While Not while foctory, street, office bldg, etc.)	County) (State)
the one of the prior	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inge	uiry X. and in my
ed to	opinion death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined	
o ga		
DIR Distor	SIGNATURE TRUSH Brozzhout MD. CHIEF MEDICAL EXAMINER	DATE SIGNED
the Albertal Banks	EXAMINER'S FLANK J. BLASCH 2 H DEPUTY MEDICAL EXAMINER [] 12-2	5-28
Sulfe Culter Sulfer Sul	220. BURIAL CREMATION 72% DATE THEREOF 22% NAME OF CEMETERY OR CREMATORY	(State)
9 40 9	Burial 12-30-58 Glenwood Washington, D.	.C.
S. AISME	23 FUNERAL D. REC'D BY REGISTRAR 246 REGISTRAR'S	
5M 2/57	Woseph Gawler's Sons Washington, D.C. DATE DEC 3 3'58	S. Firans



13860

								Kañi Disi	140.	
1. PLACE OF DEATH 6. COUNTY M	ONIGOMERY		MARYI	- 11	USUAL RESIDENCE (WHO O. STATE MARYLA		l lived If institution b. COUNTY		efore adm	
b. CITY OR TOWN RURAL and give	(If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (IF o			URAL and give	nearest to	wn)
	negrest town) ER SPRING		9 yrs.		,,	R SPRI	NG			
d NAME OF HOSP OR INSTITUTION	111 MELBOU				d. STREET ADDRESS 111 MELBOUE	RNE AV	ENUE			ESIDENCE A FARM? NO 🔏
3. NAME OF DECEASED (Type or print)	JOHN For		Middle LSTOPHER	B1	Lost	4. DATE OF DEATH	Man DEC	. 1	Day 7	Year 19 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIE DIVORCED	777	ATE OF BIRTH UNE 25, 188	1	9. AGE (In years lost birthday) 77 yrs.	Manths Do		
10a USUAL OCCUPATI	ION (Give kind of work or inking life, even if retired			RINDUSTRY			ountry)			AT COUNTRY
Foreman		Pa	aper Mill		Pennsylva			U.S.A		
13. PATHER'S NAME				1.	MOTHER'S MAIDEN N					
Ehristophe					Sophia I	Cuntz				_
15. WAS DECEASED EV [Yes no. or unknown] TIO	ER IN U. S. ARMED FOR Iff yes, give wor or dates of s	BCA1GS[SOCIAL SECURITY NO	Mrs.	Margaret B	. Brow	Adde m. 111 M		e Ave	2.
š a	immediate The under DUE TO THER SIGNIFICANT CON)	CONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART 14	PER	S AUTOPSY FORMED?
	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CURRED (E	nter nature of injury in f	Port I or Part	t II of item 18.)			
ZOc. TIME OF INJU	10	or 20d. It While of work	Not while	20e. PLACE factory	OF INJURY (Home, form street, office bldg., etc.	, 20f. (City	or fown)	(Cou	nty)	(Stale)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	JOHN N. ANI ON. 126 DATE THEREC	n 195 Ud DREWS	8, and that	M DE	1601 Coles	ADDRESS (S)	the causes of the course of th	stote) ilverS - U	Write,	
23. FUNERAL DIRECTO	R'S SIGNATURE PUMPHREY. I		ADORESS SILVER S		24a. REC'1	D BY REGIST		STRAR'S SIGNA	ATURE	

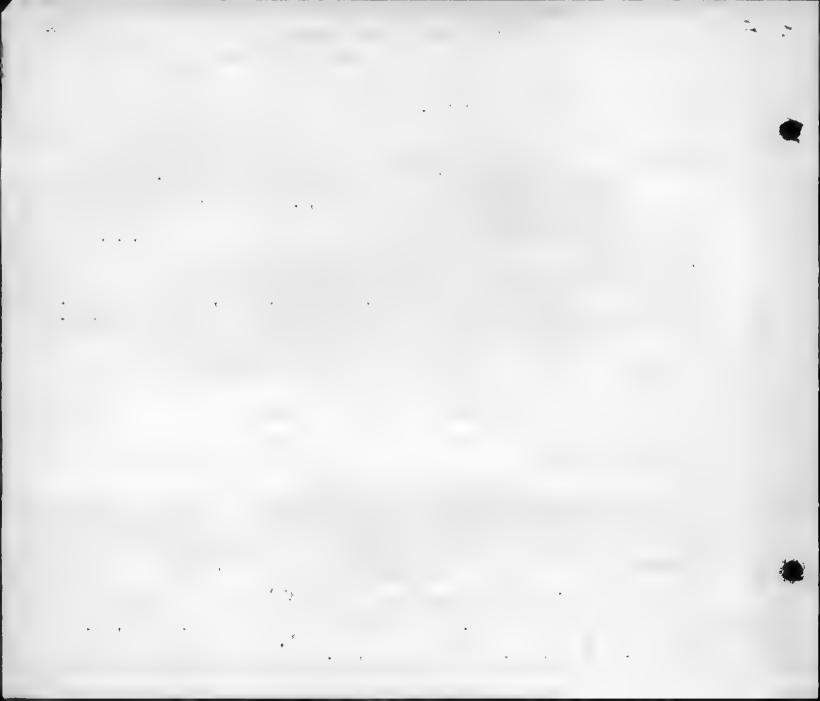
may be retail. By the haspital ar attending physic an.

TO FUNERAL DIRECTOR: After this certrificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

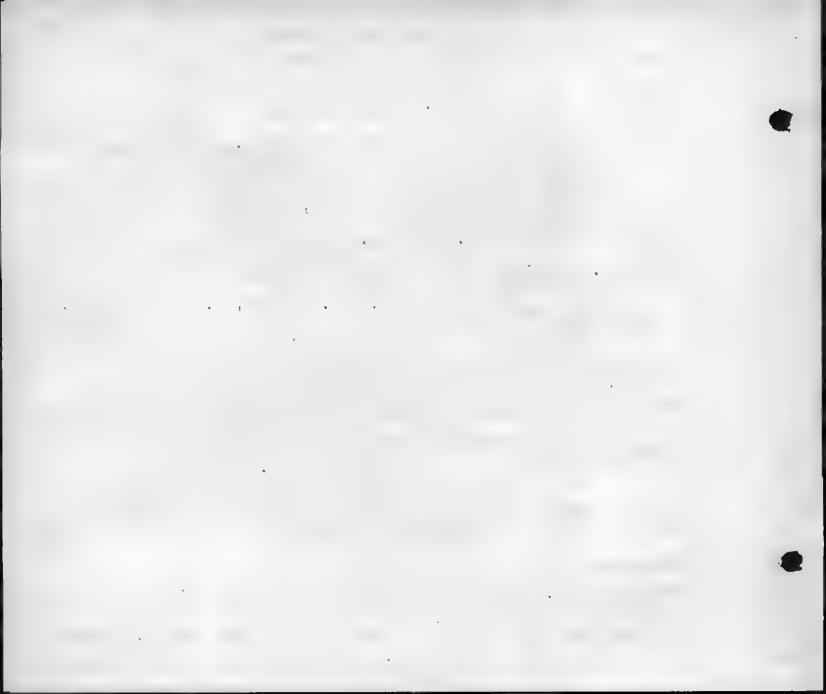
TO HOSPITAL

r death! Page 4



13909 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a. COUNTY Columbia COUNTY o STATE Montgomery MARYLAND of b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] COLESVILLE vrs. Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by 2 Marilea Nursing Home YES NO IX 760 Euclid NAME OF Middle 4. DATE Month Day Yeor DECEASED Minerva Griswold (Type or print) Beckwith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths June 23. 1872 White WIDOWED [7] DIVORCED | Female paper 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Dept. Agricult Michigan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Beckwith Maria Gibson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mr. Geo. Flather Jr. Colorado Bldg. DC 18. CAUSE OF DEATH [Enter only one couse per line for (p)-(b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 3JOX DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ... 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED (County) (Stote) Hour a. rt. foctory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased from 19 - That I last saw the deceased and that death occurred M, from the causes and on the date stated above ACTUAL SIGNATURE should PHYSICIÁN John S. Rogers 1919 Seminary NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Oak Hill Cemetery Removal Ranida Mich 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D SY REGISTRAR VS A15 (4) 1756 Pa.Ave C Thung S. Kraus DATE DEC 1 0 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the provides, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral protocopy, Page 4 should be forded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

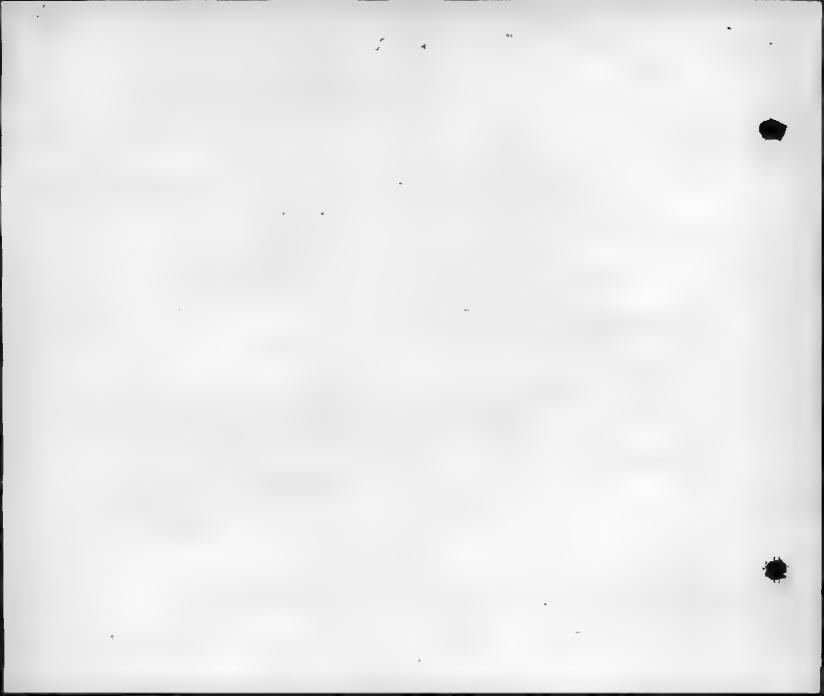
TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit pampit. Figure 3 and 2 with the State B. To f Health, or its designated agent, prior to burial, cremation, or removal, and in apprecial within 72 hours after death.

VS. ATSME BM 2:57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13910

												E 4 1515
	PLACE OF DEATH o. COUNTY				- 1	USUAL RES	IDENCE (V	There deceased live	d If institut		before od	lmiss on)
-		ontgomery	r	MARY				land		_Mont:	E	
- 1	b, CITY OR TOWN [15 and give negres] [gwe]	outside corporate film ts, write	RURAL	c. LENGTH OF STAY I	N 16	c. CITY OR	TOWN (IF	outside corporate	limits, write	RURAL and grv	re 6.001@s1	lown)
								esda				
'	d NAME OF HOSPITA	IL OR INSTITUTION (II	f not in hospi	tol, give street oddress	1 1/	d STREET A	DDRESS					
		Harling	Lane_				4500	Harlin	g Lar	e	YES	□ NO 💽
	NAME OF DECEASED	Firs	t	Middle		Loss		4 DATE OF	Month	D	юу	Yeor
	(Type or print)	JOH	IN	P.		BELLE	WW	DEATH				19 58
5.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	DA DA	TE OF BIRTH						T
	Male	White	WIDOWED	DIVORCED [JIS	ept.	27,	1889 6	9 yrs	2 8	1 Hour	3 PMID.
			lone TOS. KIN	ND OF BUSINESS OR	NDUSTRY	11 BIRTHPL	ACE (State	or foreign country		12 CITIZEN	OF WHA	AT COUNTRY?
	Retired	, , , , , , , , , , , , , , , , , , , ,	Tex	tile wor	ker	13	ngla	nd			US	
13.	FATHER'S NAME				14	. MOTHER'S	MAIDEN N	IAME				
	P	atrick Be	llew				Mar	garet H	all			
	WAS DECEASED EVE	R IN U. S ARMED FOR	RCES7 16. 50	OCIAL SECURITY NO.	17. INFO	RMANT			Address			,
1,,,	1	Its hart fless mer er enter er i	1 1	2-03-2046	Ma	rgare	t Be	llew-wi	fe-it	em 2d		
=		H Enter only one cou	The second second			C www. a	W				NTERVAL BET	WIEN
	PART I. DEAT			Corro	20 0 2007	0001	ນຄາດ	m		(
	420.1			GOFO	nary	UCCI	TISTU	11				dell
	1											
	gove rise to immed	liate cause	-									-
		inderlying Due 10										
Z		ER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DI ATH	BUT NOT	RELATED TO	THE TERMI	NALDISEASE CON	DITION GIV	EN IN PART 1/c	119. WA	S AUTOPSY
18			-								PER	FORMED?
문	20g. EXTERNAL CAL	SE WAS 20	b DESCRISE I	HOW INSURY OCCUR	RED (Enter	noture of in	BITY IN PORT	t i at Fort II of ite	n 18)			
12	PRIMARY Of CON	TRIBUTING []			(21110)		()		,			
		Y Month Day Yea	r 20d IN	IURY OCCURRED 20	e PLACE C	DE INJURY (I	tome form	201 (City or to	wel	(County)	1	(Sinte)
ıĕ	Hour o.m.		White	Not white						(440.11)		(siere)
Bethesda d NAME OF HOSPITAL DE INSTITUTION (If not in hospitol, give siteel oddress) 4500 Harling Lane 3. NAME OF DECEASED (Type or print) December 15 958 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH December 15 19 58 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH December 15 19 58 Male White WIDOWED DIVORCED Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 69 yrs Mouth with binding Divorce No. 18 Sept. 27, 1889 BELLEW Sept. 28 Sept. 27, 1889 BELLEW Divorce Divorce No. 18 Sept. 28 Sept. 27, 1889 December Divorce Divorce No. 18 Sept. 28 Se		1.1										
	,				_				Lab	Inquiry	XI, 0	and in my
	opinion death	resulted fram: 1	datural ca	uses 🗶 Accid	lent [],	Suicide	<u>.</u> [], 1	Homicide [],	Undeter	mined mar	nner	
	4000141	7)	3 .				_			DATI	E SIGNEO
	SIGNATURE -	200 1. J. V	min	trans-	M	i.D.						
3	EXAMINER'S									3.0	12 = 1	/EO
-	NAME (Type)			nart		DEPUTY	MEDICAL			12	/T5/	28
22	6- BURIAL, CREMATIO REMOVAL (Specify)							27d LOCATION	City, lown, a	r county)	(5)	rate)
_	Burlal	12-18-58			Heav	en		Annual Street Street Street				yland
-			. D-4		Carrel	and	24c. REC1	D BY REGISTRAR	1			
R	Robert A.	Pumparey	, bet	nesua, M	aryr	CILIC	DATENE	C.1 5 E3	1 1	Jun J. 19	ious.	



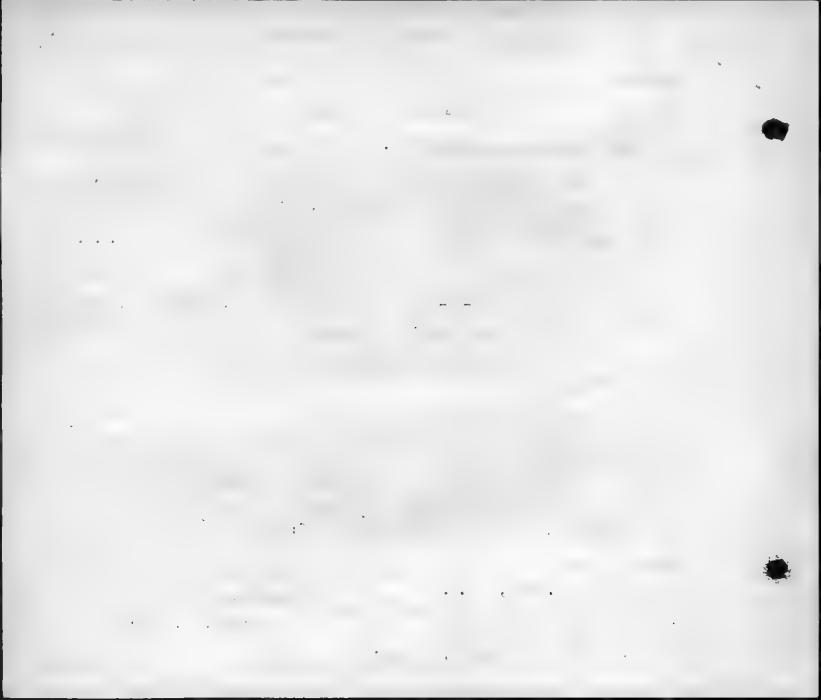
CERTIFICATE OF DEATH

Rea. Dist. No.

		100	17				•		Reg. Dist.	. No.	4
,	1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Wh	ere deceased live		Residence	before admis	sion)
1	Montgome	ry		MARYL	AND	West Vi	ginia	b. COUNTY		A.	-
١		If outside corporate limi	ls, write	c. LENGTH OF STAY I	N 15	c. CITY OR TOWN (If a		imits, write RU	RAL and giv	re nearest Jow	n)
١	Bethesda	corear rowing		681 day	8	Beckley			<i>y</i>	*	
ı	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	give street			d STREET ADDRESS				e. 15 RE	SIDENCE A FARM?
1	The Clin	ical Center	. Bei	thesda 14, 1	Md.	214 Jeni	nings St	reet			NO
	3. NAME OF DECEASED	Fir	rat	Middle		Lost	4. DATE OF	Month		Day	Year
H	(Type or print)		seph	Henry		Benedict	DEATH		ember		19 58
	5. SEX	6. COLOR OR RACE	7 MARE	NEVER MARRIE		DATE OF BIRTH	. ! los	GE (In years		YEAR IF UND	
ı	Male	White	WIDOWI			larch 7, 1915	1	13 yrs.	WORTHS D	rays	Min.
	during most of war	king life, even if retired	1 f		INDUST	1) BIRTHPLACE (Slote)		EN OF WHA	COUNTRY
	Mining E	ngineer	P	lining		Pennsyl			U	.S.A.	
V	13. FATHER'S NAME					14 MOTHER'S MAIDEN N					
A	John Ben				اـــــا	Anna (ui					
	[Yes, no or unknown]	ER IN U. S. ARMED FOR (If yes, give wor or dates of t	ervice)	SOCIAL SECURITY NO.		ormantThe Medi					
	No			103 –1 8–14470	Th	ne Clinical (enter, l	Bethesd	a 14,	Maryl	and
		ATH [Enter only one co								INTERVAL B	
	PART I. DE	ATH WAS CAUSED BY: .IMMEDIATE CAUSE (c	7 G	ram Negativ	re 5e	pricemia				OHSC! AITC	
	170.	DUE TO									
	Conditions, if c			bo Sacral C	hond	ro sarcoma					
	gave rise to i										
ı	lying cause fast.)								<u> </u>
	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVE	IN PART	l(a) 19. WAS	AUTOPSY DRMED?
	3			All March Street Hill you							№ 🗆
	PART II. OT	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in F	ort I or Part II of	item 18.)			
			last #		DO 0140		Lastina				
	20c. TIME OF INJUI Hour o. m.	·	While	Nat while	facto	E OF INJURY (Home, form, ry, street, office bldg., etc.	, i20f (City or to) ¦	wn)	(Co	unty)	(State)
1		19		k at work			1				
				ed from Janua	ry 15	, 19.57 , to De	cember]	1950	that I lo	st sow the	deceased
	alive an_De	cember 1,	yr, 12.	20 and that	death o	ccurred of 3:10				date stat	ed obove
	A071141	1	I	Page			ADDRESS (Street,	•		12/2/58	ATE SIGNED
	ACTUAL SIGNATURE	ames	-/	Cost	М.		nical Co)
	PHYSICIAN'S	JAMES A. R	nge	M.D.		Nations	l Instit	tutes o	f Heal	lth	
	NAME (Type)						la lli, Mi				
	220 BURIAL CREMATIC Butemov/It Progres	51 12/2/5	8	Sunset	TERY OR	CREMATORY	nd location Beckley			ia (Sto	te)
	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240. REC'D	BY REGISTRAR	24b REGIST	RAR'S SIGN	ATURE	
	Kobert A.	Pumphrey	-Bet	hesda, Mar	ylan	DATE DE	c 5 '58	Cr	" MR 8. "	Frank	
							32	1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL C. CIOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 bould be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



VS A15 (4) 1SM 10/57

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
			1	3912	CERT	IFIC.	TE OF DEAT	Н		Reg. Dis		3864	
	1. PLACI o CO	E OF DEATH	. Wontgon	יקי מ	MAS	RYLAND	2. USUAL RESIDENCE (W	here decease	ed lived. If institu b COUNT		ce before adi	nission)	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and are early pring ton 4. Length of Stay in 16					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION RED SINGUEN Cardens						d STREET ADDRESS 310 Mass ave 116 ON A FARM? YES NO						
	3. NAMI DECE (Type	E OF ASED or print)	Benja	emin	Midd		Benow.	4. DATE OF DEATH		onth 20	Doy,	Yeor 19.58	
	S. SEX	ele	6. COLOR OF RAC	7. MAR	RIED NEVER MARI		Sept 24,	1883	9. AGE (In year last birthdoy)	Months	Days Hou		
1	100. USUAL OCCUPATION (Give kind of work dane of the during most of working life, even if retired) NEWS STAND COMPANIA								12. CIT	12. CITIZEN OF WHAT COUNTRY?			
1	13. FATH	13. FATHER'S NAME UNKNOCE'N UNKNOCE'N									,		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no of unknown) (It yes, give wor or doles of service) 144-03-9507A NIC. MICHAEL LORA 1400 GIRARD VA. 18.												
	18.	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Co gestive Heart Failure [MMEDIATE CAUSE (a)]									INTERVAL BETWEEN OF HOURS		
		46 DUE TO CORONARY Occlusion											
	go	ve rise to se (a), stating ng cause last	the <u>under-</u>	TO	otic Heart	Dise	ase						
No.	CERTIFICALION ON (ILL E	PART II. O	HER SIGNIFICANT C	DNDITIONS	CONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TERM	IINAL DISEA	SE CONDITION G	IVEN IN PAR	PEI	AS AUTOPSY REORMED?	
	WEDICAL	TIME OF INJU Haur a.m p.m.		While	NOT while rk of wark	CE OF INJURY Home, forr tory, street, office bldg., etc	n, 20f (Cil	y or lawn)	(0	ounty)	(State)		
		21. I certify that I attended the deceased from Dec 12 19 58 to Dec 16 19 58 that I last saw the deceased alive an Dec 16 19 58 and that death accurred at 12:10 M, From the causes and an the date stated above											
ADDRESS (Street, city or town, stote)											-/	DATE SIGNED	
1	PHY	SICIAN'S AE (Type)	Robert !	r. Th	. Kensi	ngton	, Md.			<u> </u>			
	22a. BUR	IAL CREMATIN	ON, 226. DATE THE	1/58	HAR OF CE	METERY OF	CREMATORY CELL	220,100	ITION'(City, lown,	or county)	(5	itale)	
	23. FUNE	RAL DIRECTO	r's signature	Mo	, ADDRESS	z Fre	Rus M. W DATE DE	D BY REGIS	JRAR 24b. REC	SISTRAR'S SIC	Picaud		

Kilent I Walacker

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death.

DIRECTOR

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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13913 CERTIFICATE OF DEATH

13865

Reg. Dist. No. PLACE OF DEATH 2. **BSUAL RESIDENCE** (Where deceased lived. If institution Residence before admission a. COUNTY District of Columbia MARYLAND Montgomerv b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) RURAL and give nearest tawn) 2h8 days Bethesda Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center. Bethesda lu. Md. 1814 35th Street. N. W. YES NO TO J. NAME OF DECEASED 4. DATE Year (Type ar print) Henry Alexander 20. 19 58 Berry DEATH December 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years
Loss birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Nalle White March 25. WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Accountant Government Illinois U. S. A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry A. Berry Clara Tyler IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTThe Medical Record Address (If yes, give wor or dates of service) Yes The Clinical Center, Bethesda 14. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Obstruction of Respiratory Tree with Mucous DUE TO Brain Tumor, Right Fronto-Parietal Conditions, if any, which 1 Year gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Generalized Obstructive Pulmonary Emphysema YES X NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) Hour a.m. factory, street, office bldg., etc.) While Nat while of work at wark 1958 to December 20 1958 that I lost sow the deceased 21. I certify that I attended the deceased from April 16 ___, and that death occurred at 7:10 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, steta) DATE SIGNED ACTUAL The Clinical Center 12-21-58 National Institutes of Health PHYSICIAN'S NAME (Type) William R. Lewis, M. D. Bethesda 11. Maryland 220 AURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) 12/22/1958 Cedar Hill Crematory Suitland, Prin. Geos. Md. SUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE dor 1756 Pa. Ave NW, DC DATE



13866

	keg. Dist. No.	
PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission. STATE Maryland b. COUNTY Montgomery	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	V	The second
RURAL and give nearest lown)	× Bethesda	
d. NAME OF HOSPITAL (If not in hospital, give street oddress)		DENICE
OR INSTITUTION Hillcrest Sanitarium	ONAF	ARM?
		NO.E.
NAME OF DECEASED Middle (Type or print) MADISON J		58
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR IF UNDER lest birthday) Maethal Days - Hours	
Male White WIDOWED DIVORCED	April 9, 1874 84 yrs. Mogrits Doyl 7 Hours	Min.
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT C	OUNTRY
Retired Customs Offi	ice Vermont US	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Bisbee	Susan Perkins	
WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address	
No or unknown) (If you give wor or dates of service) Unknown	Mrs. George Abbott-daughter-same as	s 2d
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETV	
PART I, DEATH WAS CAUSED BY.	ONSET AND D	DEATH
33/X IMMEDIATE CAUSE (6) 37 COM GA (2	8, 10 pg. 19194. 1009	45
Duc to	14 10 14 1	. A
Conditions, if ony, which (b) C-V, H, MC	1 WF VIEW 1010913 1708	147
couse (o), stoting the under-	crosis over	Leu.
(1)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AL	
LON dist in the little	PERFORI	MED?
411 albertes mullitus	YES	ио [Х
205 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) foctory, street, office bldg., etc.)	(Stote)
Hour e, m. While Not while p, m. 19 of work of work	roctory, sirver, orice stog., arc.)	
21. I certify that I attended the deceased from 17 19 U.S.	9 , 19 47, to 2 50 cc , 19 58, that I last sow the d	lacacta
alive on 250 c , 1948, and that deal	with occurred at $12^{2-1}RM$, from the couses and on the dote stated	i alam
dive on		O ODOVI Të signe
ACTUAL L. W. MA	, , , , , , , , , , , , , , , , , , , ,	Dec
SIGNATURE TO THE TOTAL TO THE TOTAL	M.D.	الم الم
PHYSICIAN'S John M. Wyman, M. D.	7659 Old Georgetown Rd., Bethesd	a,
D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		
ur-Transit 12/27/58 Pine Grov	ve Newport, Vermont	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Robert A. Pumphrey Bethesda, Ma	aryland DATE 3 0 58 Chilling S. Thank	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page



6 COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED TE

c. LENGTH OF STAY IN 16

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Bailv

b. CITY OR TOWN (If outside corporate limits, write

d NAME OF HOSPITAL (If not in hospital, give street address)

Susan

Dressmaker - Self-employed

Kensington Gardens Sanitarium

10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)

RURAL and give nearest town)

Kensington

OR INSTITUTION

3. NAME OF DECEASED

5. SEX

(Type or print)

13. FATHER'S NAME

								wite 40' 1	
7	ATE OF DEATH				R	eg. D	ist. No.		
	2 USUAL RESIDENCE (Who		d li	ved. If institution b. COUNTY					ion)
_	e. CITY OR TOWN (If or		rot	e limits, write RI			TGOM give neo		1)
	X BETHESDA								
	d street address	have	n	Plvd.					IDENCE FARM? NOXIX
-	lost	4. DATE	To beautiful	Mon	th		Da	у	Year
	Plake	DEATH		Pec.			. 2	Jr.	19 58
Ţ	8. DATE OF BIRTH		9.	AGE (In years last birthday)	>			IF UND	R 24 HRS
	12-6-1880			76 yrs.	M	onths	Days	Haurs	Min.
U	STRY 11. BIRTHPLACE (Stole of	or foreign c	oun	try)		12. CI	TIZEN O	F WHAT	COUNTRY
	Baltimor	e, N	ld				TT.	S.	r
	14 MOTHER'S MAIDENING	AME							

John Richard Pailey Adelaide Louella unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Weldon B. Benson, 8203 Woodhaven Blvd. no Bethesda, Marine Made TWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. (MMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town)

Not while

of work of work Lan, 1958, to Dec, 24, 1958, that I last sow the deceased 21. I certify that I attended the deceased from and that death occurred at 1354M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

foctory, street, office bldg., etc.)

SIGNATURE PHYSICIAN'S Philip H. NAME (Type

12/26/58

Varner

While

LOUDON PARK CEMETERY

22c. NAME OF CEMETERY OR CREMATORY

24g REC'D BY REGISTRAR

10,602 Ga. Ave., Silver Spr

24b. REGISTRAR'S SIGNATURE

220 BURIAL, CREMATION, 226. DATE THEREOF

SILVER SPRING, MD.

Hour o. m.

ACTUAL

BURIAL (Specify)

22d. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

(County)

(Stole)

(Stote)

TO FUNERAL

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Filed funeral old be fi

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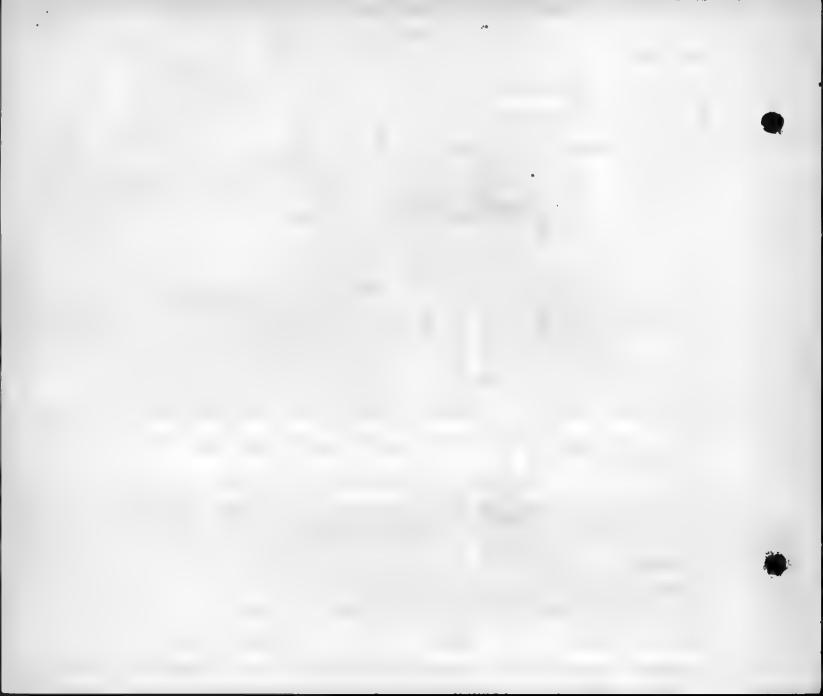
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1. PLACE C	F DEATH						2. USUAL RES	IDENCE (Wh	ere deceased	l lived. If ins		n Reside	nce befo	ore admis	sion]
		ntgomery			MARYL	AND		Maryla						ery	
b CITY	OR TOWN (If	outside corporate limit	, write	c. LEN	GTH OF STAY I	N 16	e. CITY OR	TOWN (If o	utside corpo	rote limits, w	ite RU	RAL and	give ne	orest low	n)
NO NO N	W	thesda		3	6 days		≺ Chev	v Chas	е						
d. NAMI OR IN	E OF HOSPITA	L (If not in hospital, gi	ve street				d STREET	ADDRESS						e. IS RES	IDENCE FARM?
	Sub	ourban Hosp	ital				6412	Ruffi	n Boar	i					NO 🔯
3. NAME C		Fire	1		Middle		Lo	ət	4. DATE		Monti)	Di	у	Year
(Type or		Bertha					Bloc	k	DEATH	Dede	nbe:	r 2.			1958
5. SEX		6. COLOR OR RACE	7. MARI	RIED 🔟	NEVER MARRIE		B. DATE OF BIR	TH		9. AGE (In y		F UNDE			ER 24 HRS
Fema	ale	White	WIDOW	ED 🗍	DIVORCED		6/7/98			60	Ate:	Months	Days	Hours	Min.
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3. FATHER							14 MOTHER		AME				Ues	<u>leile.</u>	
		37-33													
LE WAS DE	CEASEDEVED	Walker IN U. S. ARMED FOR	EC2 14	COCIAL	SECURITY NO	17 11	U:	nknown			4 dalaa				
Yes, no. or us		t yes, give wor or dates of se		SOCIAL	SECURIT NO.						Agora				Road
No				Nor	1 <u>e</u>	M	<u>erlyn J</u>	Bloc	k			Che	vy (hase	_Md
18. CA		TH [Enter only one col		ne for (a), (b), and (c).}								INT	ERVAL BI	TWEEN
	PART I. DEAT	H WAS CAUSED 8Y:	- 11	122	mea	,								Tern	1/0
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Cond	itions, if an	v. which }	191	170	uclow	ins	resolle	sear	7					421	ers
gove	rise to im	mediote (/ 1 +	,	1			9					0	
	(a), stating the	he under-	11	110	2641	f	12/	P.	itu	7				40.0	
_		FR SIGNIFICANT CON	DITIONS	CONTRIB	HTING TO DEA	TH BUT	NOT RELATED T	O THE TERMI	NAI DISEASI	CONDITION	GIVE	N IN PAI	PT Hall	O WAS	AUTOPSY
QT2	12.11		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CONTRIB	STATE TO BEA		NOT RECITED I	O III IERMI	ANE DIGERGI	CONDINO	OITE	14 114 1 (0)	., (6)	PERFO	PMED?
E 200 A	CIDENT WAS	UNDERLYING	20h DES	CRIRE M	DW INTERVO	CHRRE). (Enter noture	of Iniusy in E	Part i or Part	II of item 18	1			163	MO L
□ OR CO	NTRIBUTING I	CAUSE OF DEATH	AVU. DE.3	CKIDE ()	JIV INJUNI OC	UNNE	z. (Enter notore	or injury in r	011 1 01 1 011	ti oi tieni ip	,				,
-									1						
	AE OF INJURY our a.m.	Month, Day, Yea	7 20d. I While		occurred to while	20e. PL/ foc	ACE OF INJURY tory, street, office	{Home, farm ce bldg., etc	, j 20f (City } !	or town)		1	County		(Stote)
¥E.	p. m.	19	ol wor	k 🔲 of	work 🔲										
21. 1	certify the	at I attended the	deceas	ed fro	m		19	ta _		, 19		that I	fast s	aw the	deceas
alive	-						occurred at								
011170	011			;-	., and mar	ocum	occorred a			reel, city or t			ille ac		ATE SIGN
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PHYSIC	IAN'S C	HARLES	5	AVA	RESE		L	lethe	edu	me	4				
	CREMATION	, 22b. DATE THEREO	F	22c. 1	IAME OF CEME	TERY O	R CREMATORY		22d LOCAT	ION (City, to	WR, OI	county)		(Stot	e)
Buri	(AL (Specify)	Jec. 2,1	958		4				St. L	ouis,	Mis	sour	i		
23. FUNERA	L DIRECTOR'S		-	A A	DORESS		1. 10	240. REC'I	BY REGIST			RAR'S SI		RE	
13 1	Jan	ganger	Styl	Orko	9501-	14/2	6/10/	A SAUDE							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reloaded by the haspital or attending physician.

TO FUNERAL 1 TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1 muld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10010 CEKHLICHIE OL DENI	13918	CERTIFICATE	OF	DEAT
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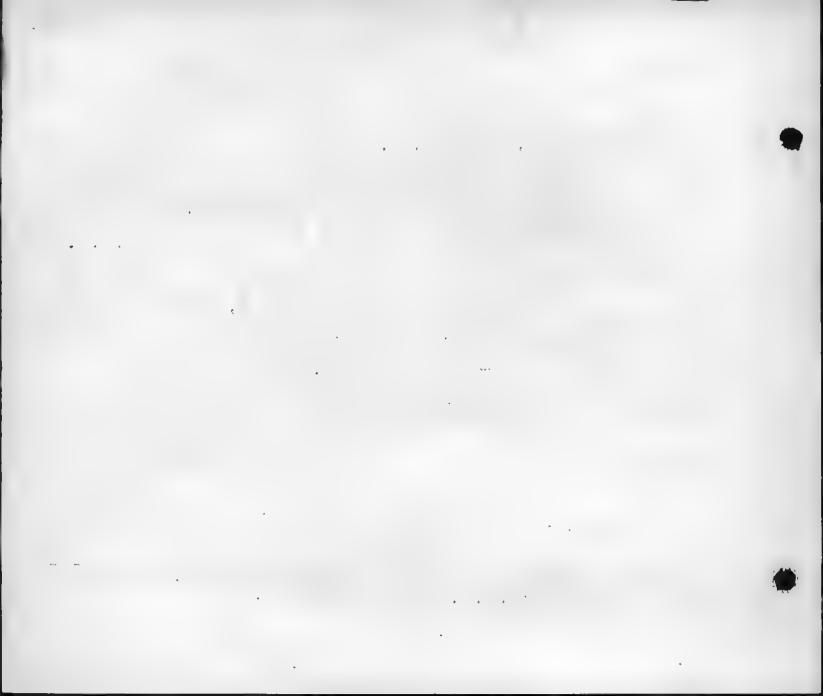
Rea. Dist. No.

						and the same of th				
1. PLACE OF DEAT COUNTY MONTGO	H Nery		MARYLA	LND	2 USUAL RESIDENCE (WHO STATE Virginia	ere decease	d lived If institution 6 COUNTY	n Residenc		mission)
	VN (If outside corporate lim ye nearest town)	its, write	c. LENGTH OF STAY IN	ч 16	c. CITY OR TOWN (IF o	ulside corpo	prote limits, write RU	JRAL and g	ive negres) f	own)
Bethese	da		50 days		Front Roya	1	÷	7		
OR INSTITUTI	OSP TAL (If not in hospital, o				d. STREET ADDRESS					RESIDENCE N A FARM?
The CL	inical Center	, Be	thesda lli, M	id.	Box 585			7. 5.		□ NO
3 NAME OF DECEASED	Fil	rst	Middle		Lost	4. DATE	Mont	ħ	Day	Yeor
(Type or print)	Oscar		Ludwell	L	Bowen	DEATH	Dece	mper	11,	19 58
5. SEX		7 MARR	IED 🔚 NEVER MARRIED		9. DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS
Male	White	WIDOWI		- 1	December 1,	1883	75 yrs.	Monins	Days Hou	rrs Min.
10a. USUAL OCCU! during most of	ATION (Give kind of work working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (Stote	or foreign c	ountry)	12 CITI	ZEN OF WH	AT COUNTRY
Lawyer			.aw		Virginia			U.	. S. A	•
13. FATHER'S NAMI					14. MOTHER'S MAIDEN N	AME				
	Thornton Bowe			·	Nancy Tai					
(Yes. no. or unknown)	EVER IN U. S. ARMED FOR I (If yes, give wor or dates of t		SOCIAL SECURITY NO		FORMANT The Med					
No			yone	Th	e Clinical Co	enter,	Bethesda	а 14,	Maryl	and .
	DEATH [Enter only one co								INTERVAL	BETWEEN ND DEATH
PARIT	DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c	Di	sseminated	H1.81	coplasmosis					
4917	DUE TO									
	if ony, which) (b	, Ad	renal necro	318	secondary to					
cause (o), sto	ling the <u>under-</u> DUE TO	-								
lying couse I		-	onchopneumo							
PART II.			ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	EN IN PART	1(o) 19. WA PER	NS AUTOPSY REORMED?
20- 4661050	Pulmonary E		FRIDE LABOUR DE LA COLOR DE LA						YES	NO 🗆
OR CONTRIBUT	WAS UNDERLYING [] IING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	ZVO. DESC	ERIBE HOW INJURY OCC	URRED	(Enter nature of injury in P	artior Pari	t (I of item 18)			
20c. TIME OF IN		or 20d It While at worl	Not while	0e PLA faci	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City	or town)	(Co	ounly)	(Stote)
21. L certify	that Lattended the	decease	od from Octobe	r 2	2 19 58 to Dec	ember	11 ,,58	that I la		
alive an I	ecember 11			eoth	215	Ass from				ne deceased
	000		LELLY GIRG HIGH G	COIII	vectoriou de l'alla l'a	ADDRESS (St	n the causes at	id on the	e date st	DATE SIGNED
ACTUAL SIGNATURE	What	100	021, MD		The Clinic	cal Ce	enter		12-	-1158
							stitutes	of He	alth	
PHYSICIAN'S NAME (Type)	Albert Tre	ger,	M. D.		Bethesda 1	LL, Ma	ryland			
220 BURIAL, TREM	ATION, 22b. DATE THEREC	OF -	220 NAME OF CEMETE	ERY OR	CREMATORY	22d. LOCA	ON (City, town, or	county)	(S	ilote)
23. FUNERAL DIREC	TOR'S SIGNATURE	<u></u>	ADDRESS S	0	5 Nelson DECT	BY REGIST	0 000		NATURE	4
Cher	y Chest	en	Ditm	-21	2 10 100	DEC 1.5	158		e Lione	
	1 -11-1-1	A LOW	11/10/12			71.U ' '		' '	U\$/63 /4 /8	<u></u>

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has fer death. Page 4 may be released by the hospital ar attending physician.

O FUNERAL ACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours, offer death.

TO HOSPITAL may be rel VS A15 (4) 15M 10/57



hours after death! Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



	1	3920	CERTIFICA	TE OF DEATH		Reg. Dist.	No.
7	PLACE OF DEATH O COUNTY MONTGOMER		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		Institution Residence OUNTY MCN 7	before admiss on) -GOMERY
	b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) 5/LVER 5/PRING		HOF STAY IN 16	C. CITY OR TOWN (IF OR	utside corporate limits, $SRIA$	write RURAL and gr	e negrest town)
	d. NAME OF HOSPITAL (If not in hospital, given or institution 2 8 624 13 4 RON C	,		d. STREET ADDRESS 2804 B	RON CO	OURT	e, IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ELEANO		Middle 12 4 BET	lost H BRADLEY	4. DATE OF DEATH DECL	Month EMBER	Day Yeor 21 1958
	SEX 6 COLOR OR RACE NHITE		VER MARRIED 8	DATE OF BIRTH 9/4/88	9 AGE (III	years IF UNDER 1	YEAR IF UNDER 24 HRS oys Hours Min
L	USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) HOUSE WORK	one 10b, KIND OF B	BUSINESS OR INDUST	MARY	LAND	12. CITIZ	EN OF WHAT COUNTRY?
	FATHER'S NAME 7/10/145 WENU			1		BLLHA	U CASSIDY
15	. WAS DECEASED EVER IN U. S. ARMED FORC ht. no. of unknown] Ill yes, give wor or dates of ser	ES? 16 SOCIAL SE	CURITY NO 17 IN	FORMANT		Address	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	se per line far (a), ((b), and (c).]	al. Hem	anhac		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)		arte	worder	us		10 yours
	lying couse lost. DUE TO (c).		Dia	hetes Me	lites	*	3 yrs
CERTIFICATION	Part II. OTHER SIGNIFICANT COND	mulo	tref 7	relson Ju	maror	ne	PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			(Enter noture of injury in F			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	While Not v	A t	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20t. (City or fown)	(Co	uniy) (State)
	21. I certify that I attended the alive an			accurred at 1, 30 4	LM, fram the ca	19 <mark>22_that I la</mark> uses and an the	st saw the deceased abave.
	ACTUAL SIGNATURE SIGNATURE	X.G	Kutten	D. 864/-	DOMESS Istreet, city of	r town, stole) Par	L Sectioned
	PHYSICIAN'S NAME (Type)	PHF.	PATTE	V Si	luce of	Brusy	my
	D. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12-23- FUNERAL DIRECTOR'S SIGNATURE		NE OF CEMETERY OR	IDNAL CER.	WASH!	NGTOW,	D.C.
23	J. Wm Leis	Adres	Co Was	246. REC'D		b. REGISTRAR'S SIGN	ATURE

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death. TO HOSPITAL O VS A15 (4) 15M 10/57

deoth. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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	18	
	(5.3.)	
	13	
_	-	

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Montgomery Marvland Montgomery b. CITY OR TOWN (If outside corporate limits, write e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Germantown Bethesda days d. NAME OF HOSPITAL (If not in hospital, give street address) #d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? YES X NO Suburban Hospital Route NAME OF 4. DATE Middle Lost Month Year DEATH (Type or print) Frederick Tyler Briggs December 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days WIDOWED [7] DIVORCED | Male 19/82 76 White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Farmer Farming Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ida Sparo Gidding D. Brigg Address Route 1 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Paul F. Briggs Germantown Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 🗌 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Erber nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour O. m. Not while While of work of work 11/10/58 21. I cortify that I attended the deceased fram. ., 19____,that I last saw the deceased alive an Dec. and that death accurred at 10:25AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL C 927 Pershing Dr. Silver Spring, Md. PHYSICIAN'S Manuel P. Landman, 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR GREMATORY (Stote) rosest Octo REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Circles & Kraus DATES



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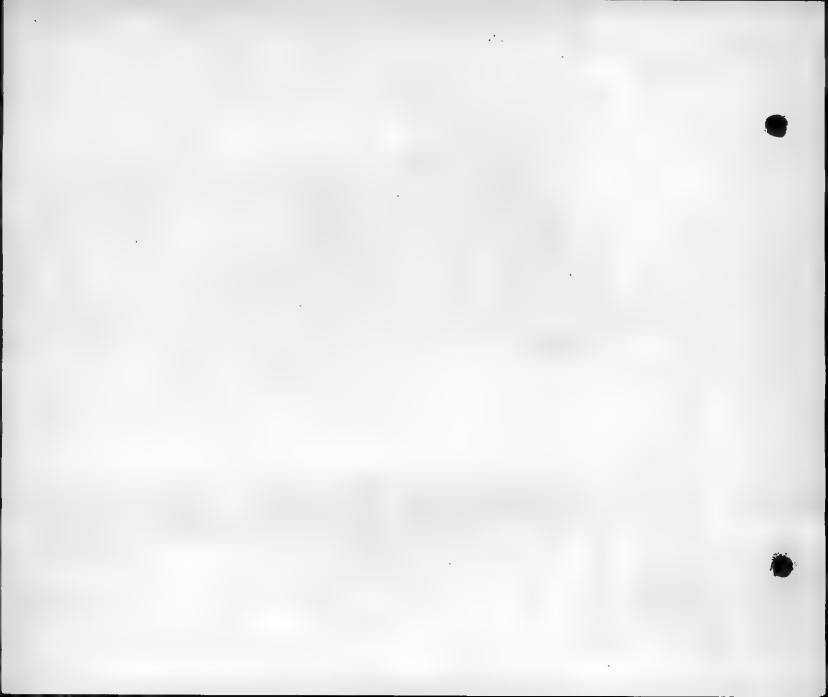
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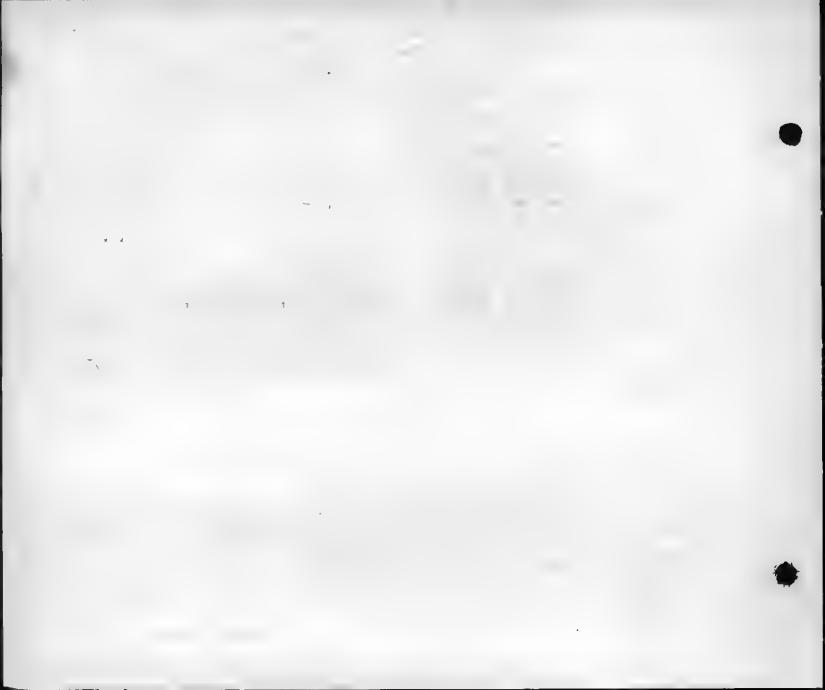
VS. A15MII 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13

1. PLACE OF DEATH 0. COUNTY	Monts	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE EN TOTAL CONTROL OF THE	b. COUNTY	ence before admission)
and give negrest lown)	outside corporate bruits, write EURAL		c. CITY OR TOWN (If outside co		d give necrest lown)
d, NAME OF HOSPITA		n hospital, give street address)	d. STREET ADDRESS		P. IS RECIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First (S	Middle	PLUT 1 CEATH	Month	Doy Yeor
5. SEX €.1 €	* * 1	ARRIED NEVER MARRIED 8.	PATE OF BIRTH LOV 10 1 1578	9. AGE (In years 1F UNDER lost burthday) Months	Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work done)	06. KIND OF BUSINESS OR INDUST	RY II BIRTHPLACE (State or foreign	country) 12. CIT	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	is A. Britt	on	14. MOTHER'S MAIDEN NAME Hilda Gait	her	alteris. S.
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		FORMANT LOUIS A. Daitt	Address	
PART I, DEAT	iote covee	line for (a), (b), and (c) }	2 sust		DISTRIBUTED BEWEEN ONSE AND DEATH Formal deaf
PART II, OTH 20g. EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH.	SE WAS JOH BES	tii Blenne	OT RELATED TO THE TERMINAL DISEA	mel	PERFORMED?
20c. TIME OF INJUR	,	20d. INJURY OCCURRED 20e. PLAC While Not while factor	E OF INSURY (Home, form, ry, street, office bldg., etc.)	ty or town) (Co	iunly) (Stote)
		he remains described aboral causes 🔣. Accident [ve, held an Autopsy, , Suicide, Homicid	_	
ACTUAL SIGNATURE	Frank & B	unhair			DATE SIGNED
EXAMINER'S NAME (Type)		Broechart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12 7	-7-58
220 BURIAL CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF	Purest C.		ATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	240. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIG	
ATTICE O O	e way the te	0 0 00000	OATE DEG 1	the sale	7 S. Kous





William Lee's Sons Co. 300-4th St. N. EAREDEG 2 9 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES INO TH

(State)

DATE SIGNED

Day

Days

(County)

Cirthury S. Frans



FOR STATE HEALTH DEPT.

inecessary, please al director. Page but files. execute the conficuse, writing the word "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be a wide to the Chief same and the funeral of a should be a wide to the Chief same and so bride soons with form SM3. Page 5 may be retained by FUNERAL SAME TOOK: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, ar removal, and in any writin givin 72 hours after death.

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VS. /	115	MĒ	
5M	2/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg, Dist. No.
1. PLACE OF DEATH o. COUNTY 1.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Mentermery MARYLAND	· STATE maryland b. COUNTY + 1200 by P.G.
b. CITY OR TOWN (7 autiside corposate simila, write RURAN c. LENGTH OF STAY IN 16	c CITY OR TOWN, (If guts de corporale limits, write RURAL and a ve necrest town)
Silver Spling 1 2/2 prs	Takone Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS A. L. C. IS REC TENCE
12245 Blue Hell Rd	1/14 Hazenvord MADON YES NOD
3. NAME OF PECEASED Aiddle	Loui 4. DATE Month Day Yeor
(Type or print) Robert 2.	JR. DEATH Dec 10 1958
S. SEX 6 COLOR OF RACE 7 MARRIED 1 NEVER MARRIED 1 B.	DATE OF BIRTH 9 AGE In years IF UNDER 14 HES Months Days Hairs Africa
122 CL WIDOWED DIVORCED	7-21-01 57 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTI during most of working life, even if relired)	RY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Burns 112 - 1' com Estato Chine	Minnesota U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT E. Brown	ELLA SACKETT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN	IFORMANT Address
NO YES MI	rs. Laura H. Brown, 914 Glaizewood Avenue.
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Takoma Park, Missing Between Constraint Death
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	elucion sustain
L4), / DUE 10	
Conditions, if any, which (b)	
gave rise to immediale couse (a), slating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBU	YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (EI	nter nature of injury in Port I or Part II of item 18.)
1 € 1 0 Lane feete	E OF INJURY (Home, farm, 120f. (City or town) (Caunty) (State) sry, street, affice bldg., etc.)
Haur e.m. p.m. 19 While Na! while of wark	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. I certify that I took charge of the remains described about	ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 🛣, and in my
apinian death resulted fram: Natural causes 📆. Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE Trank O. Breakful	M.O CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSISTANT MEDICAL EXAMINER 1 /2 - 10-53
NAME (Type) FLANK J. Broschant	DEPUTY MEDICAL EXAMINER .
270. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State)
	EMETERY PRINCE GEO. COUNTY, MD.
23. FUNERAL DIRECTOR'S SIGNATUS HREY, INC. ADDRESS SILVER SPR	T NG MD 240. REC'D BY REGISTRAR 24b, REGISTRAR S SIGNATURE
Raimond U. Zioka:	DATE DEC 1 8 '58 (Thui S. Thank



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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2	C)	U	6	1

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H	E	A	Ľ	Tŀ	ŧ	D	EI	PT	

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TO EPUTY MEDICAL EXAMINER: This certifical shoots within 24 hours after death. If any delay is necessary, please execute the facts, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral color. Page 4 should be carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State BCC3 of Health, or this designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

VS. ATSME 5M 2/57

TOSHO	703 U T	TTM9521 15-T	7= 10 Gr Reg. D	Dist. No.
1, PLACE OF DEATH 8, COUNTY			era deceased lived. If institution Resid	
Montgomery	MARYLAND	o. STATE Maryla:	nd b COUNTY Mont	ig.
b. CITY OR TOWN [If outs de corporate limits, write PURA; end give negrest town]	NGTH OF STAY IN 16	c CITY OR TOWN (If a	utside corporate limits, write RURAL on	nd give neorest town)
	.ife	Brinklo	W	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street address)	d. STREET ADDRESS		# 15 RESIDEN TE ON A FARM? YES NO M
3. NAME OF First DECEASED (Type or print) Mary Catherine	Middle Budd	Last 4	DATE Month Dec. 6, 1958	Doy Yeor 3 19
female 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 3	DATE OF BIRTH 12/31/1887	9 AGE (In years IFUNDER feet bythday) Months	Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND O during most of working life, even if relired) HOUSEWOTK	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of Marylan		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John White		Sophia	Bacon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [You, no, or unknown] (If you, give way or doles of service)		FORMANT S. White Gait	hersburg RFD Md.	
PART 1. DEATH Enter only one cause per line for (a), PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last, (c)		ras and expos	ure	Found dead on floor of her home
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBE 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTINOS CAUSE OF DEATH. 1 Trace own				PERFORMED?
	Probably f	rom oil lamp.		
O Hour warm, and to ten White	Not while of work	E OF INJURY (Home, form, ry, street, office bidg , etc.) home	20 (City or town) (Co Brinklow Montg	S• Md.
21. I certify that I taak charge of the remain opinion death resulted from Natural cause				
ACTUAL FRENCH & Brown	that-		- total	DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Broschart		ASSISTANT MEDICAL DEPUTY MEDICAL EX		2/10/58
All and the control of the control o	Sandy Spring		Sandy Spring,	Md . (Stole)
12. I DITERRE DIRECTOR D'OLITE OPE	Rockville, N		BY REGISTRAR 246. REGISTRAR'S SI	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved. If institution: Residence before admission o. COUNTY files. Health, MARYLAND b CITY OR TOWN (If outs do to perate him to, write SURA, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES | NO KT 3. NAME OF 4. DATE Month Year DECEASED OF (Type or print) DEATH COLOR OR RACE 7. MARRIED NEVER MARRIED , 8 DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HES lest birthday). Months | Days Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 5 poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. No waknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL RETWITEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) dronucy beckusing **DUE TO** Conditions, if ony, which gave rise to immediate come **DUE TO** (a), slating the underlying course lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO M 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, +20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection ... Inquiry A. ond in my opinion death resulted from: Natural causes . Accident ... Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER A 220, BURIAL CREMATION, 1226 DATE THEREOF 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) Hyattstown Methodist Cem. Burial Hyattstown, Maryland

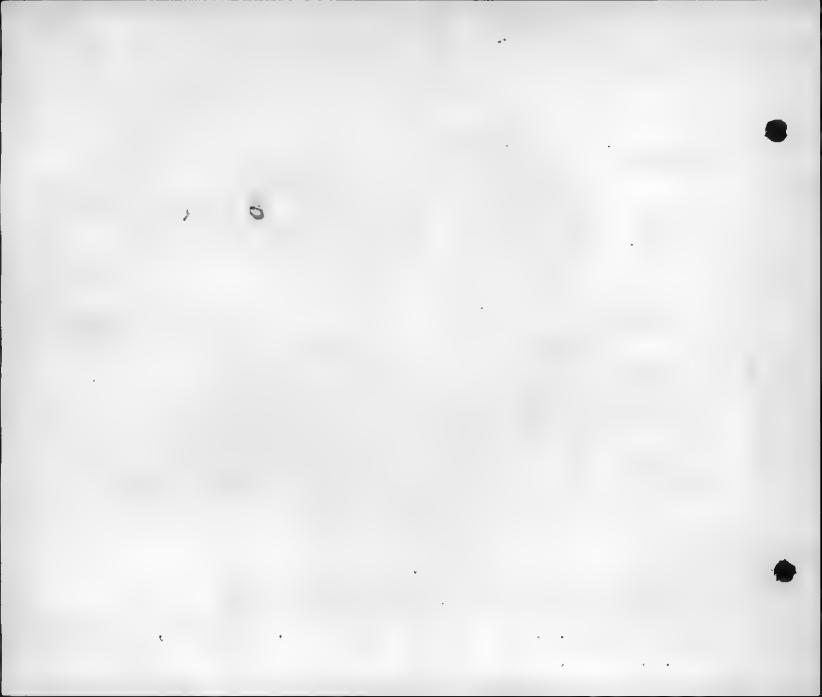
246. REGISTRAR'S SIGNATURE

Charles & Thous

24o, REC'D BY REGISTRAR

VS. A15ME 8M 2/57 23. FUNERAL DIRECTOR'S SIGNATURE

W. L. Burdette, Hyattstown, Maryland



VS A15 (4) 15M 9/55

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-	7	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13928 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND				- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY								
Г	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
L	Silver Spring					Washington, D.C. 47x							
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET A							SIDENCE A FARM?
L	Fairland	l Nursing I	lome			4728	-46th	Stree	t, N.W.				NO.K
3	NAME OF DECEASED	Fir	əf	Middle		Los	t	4. DATE OF	Mar	th	Day	7	Year
Ĺ	(Type or print)	SONIA			BUR	JRDWISE DEATH Decem			er	19		19 58	
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED [B. [DATE OF BIRTH	4	1	P. AGE (In years lost birthday) OS yrs.				ER 24 HRS.
2 '	Female	White	WIDOWE	Table 100	- 1	une 16, 1890				Months	Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work on life, even if retired	dane 10b.	KIND OF BUSINESS OR II	UDUSTR	11. BIRTHPL	ACE (State o	or foreign ca	intry)	12. CI	TIZEN O	F WHAT	COUNTRY
	Nurse	ng me, eren n remed	'				Russia	9		J	1.S.	A -	
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
√M•	orris Ichel	son				Charlo	tte S	pivak					
						RMANT		-	Add				
	No	yes, give war or dates of s	BLAICE)		Mrs.	Harry	Flei	sher =	4728 -46	th St	reet	t, N	.W.
		. ,	use per lin	ne far (a), (b), and (c).]	m	.1					INTE	RVAL BE	ETWEEN DEATH
	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	Le	maline	7 ~	cloure					0.45	100	any
1	1 - 1 X	DUE TO	1	1 101.		111	١,	1 4			h.mi	7	
Canditions, if any, which) (1) Ceretal Vascula Cleident 7							ar	elsez					
	gaye rise to im catse (a), stating th		11	1 . 1	42	15	1				7"	7	
	lying couse last.) (c	ur	unselen	اسمدورها	(Les	endry	el			<	2	
₽	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 15	P WAS	AUTOPSY DRMED?
13													NO 🔲
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCCU	RRED. (Enter nature al	f injury in P	art I ar Part	II of item 18.)				
		Manth, Day, Ye	ne 2004 85	UURY OCCURRED 200	PLACE	OF INJURY (Home form	1 201 (City	1				40
MEDICAL	Haur a.m.	19	While	Not while	factor	r. street, affice	bldg., etc.	1 201. (City)	or rownj	. (County)		(State)
Σ	p. m.	17	ot war	k of work	4.4	A 34	7	-					
П		at I attended the	decease	7	4	, 19 <u>5 //</u>	, 10	tec, 1	2 , 1953	ii,that L	lost so	w the	deceased
П	olive on the	·	<u>, 19.5</u>	and that de	oth o	curred of:					he dat	e stote	ed above
П		/_	11 1			21-			et, city ar tawn,			. 9	ATE SIGNED
	SIGNATURE	comme		run -	M.D	7201	mea	a " Charles	NW Work	OS.		2/1	9/58
	PHYSICIAN'S DA	R. SAMU	IEL	DIENE	FR	4201	MAS	s AVE	EN.W.	WA	514	D-	(-
22	BURIAL GREMATION	, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR-C	REMATORY		22d. LOCATI	ON (City, tawn,	or county)		(Stat	e)
	Burial	12-21-58		Har Judah U	emet	ery		Delaw	are Coun	ty	Per	ma.	
	FUNERAL DIRECTOR'S			ADDRESS				BY REGISTR		STRAR'S SI	GNATUR	E	
B	ernard Banz	ansky & So	ns-35	001 14th St.	, N.	loi •	DATDEC	2 2 33	and	- F	, . ,	4	



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

13863 CERTIFICATE OF DEATH

13882 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution, Residence a STATE) COUNTY	before admission)
maryland Cc. MARYLAND	washington DC,	
b. CITY OR TOWN (If outside calpotate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fawn)	c. CITY OR TOWN [If outside corporate limits, write RURAL and gi	ve nearest town)
Jakoma Park, Wash. 12, DC 12,23-5-8	"I ashington D.C. 4	1. 834
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	IS RESIDENCE ON A FARM?
washington Hosp. + Santanin	1615 Q St. M.W. Carro Hol	YES NO [A
3. NAME OF First Middle	Lost 4. DATE Month	Day Year
(Type or print) Koss Ungus	Burley DEATH Dec.	23 1958
THE THE PARTY OF T		YEAR IF UNDER 24 HRS.
wole white WIDOWED DIVORCED [3]	15 AO 40 40 AU	
10a. USUAL OCCUPATION (Give hind of work done 10b KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or fareign country) 12. CITI2	EN OF WHAT COUNTRY?
Complication - Commy lettret	Coundre	and the s
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Comos 6. Busly	Homal Hordner	
(Yet, no or unknown) (It yes, give war or dates of service)	NFORMANT Address	
	ospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	· +-, //	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PLC 1. L LL L-1	1 a Mi Lower love	1 de.
OUE TO	1.1.	1 0 1
Canditions, if ony, which) (b) (O) (C) Y	e of speni (spregdofustre You	Currenter
gave rise to immediate cause (o), stating the under.	1 / /	1.
lying couse last). (c) Lacher St	to carried the con	le conocile:
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED/TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
3 Priarrexite ustline		YES -NO
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH IN THE PROPERTY OF	D. Enter noture of injury in Part t or Part It of item 18.)	14. lack
		ounty) , (State)
Hour a.m. While Not while	ctary, street, affice bldg., etc.)	5 (Comme)
	Water Jock! V	Le fair cry o
21. I certify that I attended the deceased from.	1	ist saw the decedsed
alive on 12 2 and that death	occurred of Karana M, from the causes and an thi	
ACTUAL (18 apr 1 10 al 6	ADDRESS (Street, city ar tawn, slate)	DATE SIGNED
SIGNATURE COLOR	M.O. Jof J. VISRIMP VXIV	18,857
PHYSICIAN'S JASIN & FIBER, M.D.	· Silver Spring	lud'
720 BURIAL CRÉMATION, 220 DATE THEREOF 22c. NAME OF CEMETERY O		(State)
CREMATION" 12/24/58 FT. LINCOLN C	REMATORY PRINCE GEO. COUNTY	MARYLAND
PARTY AND INC. SILVER SPRING	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGN	
Laymond a Biska STEVER STRING	DATEDEC 2 9 '58 Out in 9 '	11.4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13864

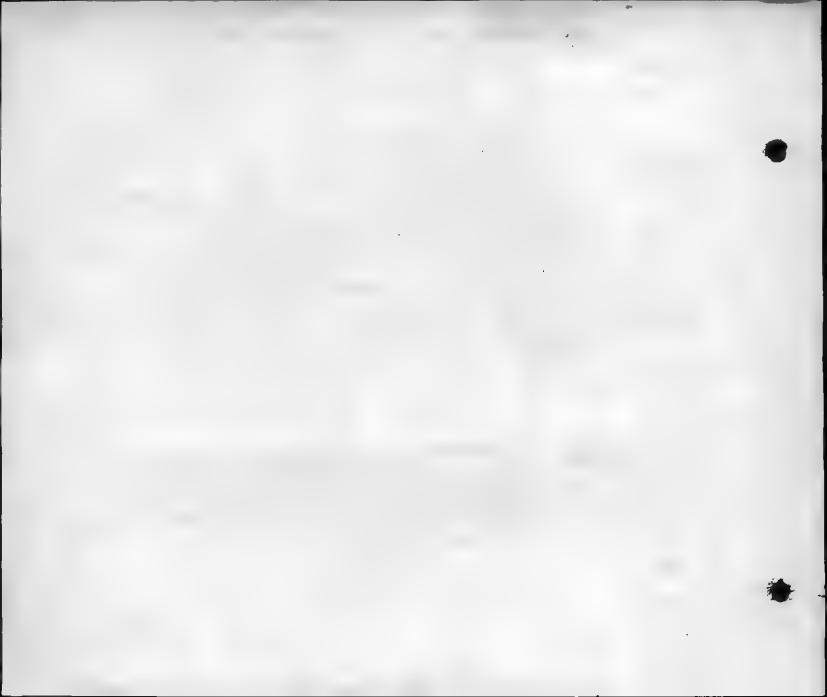
Reg.	Dist	No.
47.625.1	PALIST.	4.444.4

HEALTH DEPT		Keg, Dist. No.
TIEACITI DEFT.	ATT / TOWN IN A LONG IN A	
86.4		o. STATE med b. COUNTY Montag
一年 、	b. CITY OR TOWN (if outside conforate I miss, write IDEAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
w 0 5		7 Tekony Cash
dire of dire	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	7301 Cedar are	7301 Cedan Aug YES NO DE
Sto Sto	DECEASED	Lost 4. DATE Month Day Year
5년 8년 9 8년 9년 1	I word your	Butter DEATH 12- 23 1958
S of the s	5. SEX 6. COLOR OR RACE 7. MARRIED 8. I	
2 m 3 m 3	7,7,000	8-14-1890 68 111
nd od	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OB NOUSTRY during most of working life. even if retired)	11. BIRTHPLACE (Stole or faceign country) 12 CITIZEN OF WHAT COUNTRY?
27.0 E	The state of the s	mix a. Sa
A See a	13. FATHER'S NAME	TIXTE
Pod a	. Inlocates Butter	Louis Manage
A NOTE OF A		ORMANT Address A
6 15 16 16 16 16 16 16 16 16 16 16 16 16 16	579-01-4572 ma	your Carey (Spraythe) Chilliam md
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
P P P	PART I. DEATH WAS CAUSED BY:	
vol.		a. I D
10年ま	Candiday if any skirk	on free wow
2 2 S 2	gave rise to immediate cause	The state of the s
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ter, starting the analyting	
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLTS, WAS AUTOPSY
ool of E	3	PERFORMED?_
e die	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enternal Contributions I	er noture of injury in Pert I or Port It of item 18.)
word word build oprio		
- 4.6.4.5 - 4.6.4.5	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f, (City or town) (County) (Stale)
he 3e 3		
Po 1	21. I certify that I took charge of the remains described above	, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀, and in my
den ged	opinion deoth resulted from: Notural causes X. Accident	, Suicide , Homicide , Undetermined monner
i i i i i i i i i i i i i i i i i i i	1	
# 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		M.D. CHIEF MEDICAL EXAMINER
in a	EVAMINER'S TAR	ASSISTANT MEDICAL EXAMINER
5 2 5 E 6	NAME (Type) FFMK V, 13+63ch 2 mt	DEPUTY MEDICAL EXAMINER 72 23-5 8
S S S S S S S S S S S S S S S S S S S		REMATORY 22d. LOCATION (City, town, or applity) (Stote)
- ° 0 °	BURIAL DEC 26, 1958 FTLINGOLN C	EMETERY PHOENSBURGKY, IRGOLO, MO.
S A15ME	ADDRESS WASH	/HEE 9 3 NAS 15 17 77 77 17 17 17 17 17 17 17 17 17 17
5M 2/57	14 254 CARROLLYIN	
/	The state of the s	

THE EPUTY HIDICAL EXAMILER: This certificate should be minimal within 24 hours after direct. If any delay execute the initiations, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the fursal should lorwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reto TO FUNER. DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to barial, cremotion, or removal, and in any event within 72 hours after deals. VS A15ME 5M 2/57

FOR STATE

director. Page or your files. ord of Health, necessory, please



CERTIFICATE OF DEATH 13929

Reg. Dist. Ne.

13884

- ⊩			
1	1. PLACE OF DEATH O, COUNTY NOT N + G & M & RY MARYLAND	2. USUAL RESIDENCE [Where deceased lived. If institutions Residen of STATE b. COUNTY b. COUNTY	ce before admission) NUERL
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Let be a continued by the	c SITY OR TOWN (If outside corporate limits, write RURAL and a	give nearest town)
	or Institution,	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO DE
	3. NAME OF BECEASED (Type or print)	Loss 4. DATE Month OF DEATH Dec. 16.	Day Year
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIED DIVORCED DI	B. DATE OF BIRTH 9. AGE (In years IFFONDER lost, birthday) MARCL: 25 15 9 (Marchs Street II BIRTHPLACE (Stote or foreign country) 12 CIT	
	13. FATHER'S NAME CLUP CLUP CLUP CLUP CLUP CLUP CLUP CLUP	NFORMANT Like L. Batt- Aba	y & -
	fs. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause tost. (c) CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] DUE TO [b] [c] [c]	HEMORHAGE - SCLOROSIS L HYPIRTERSON	INTERVAL BETWEEN ONSEY AND DEATH I HOUSE 2 U Y 12 pi
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ON OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PL		Caunty) (State)
,	21. I certify that I attended the deceased from Cliping Talive on DEC 12 12 3 , and that death ACTUAL SIGNATURE ACTUAL SIGNATURE	accurred at AM, from the causes and an the ADDRESS (Street, city or town, stote) M.D. 26 M. J. 19 M. F. 19 M.	
1	PHYSICIAN'S Gordon S. Rosenberger 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	26 N Summit Ave. Gaith	ersburg, Me
	Burial 12/19/58 Rockville		ryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey Bethesda. Mai	ryland DATE DEC 1 9 '58 246. REGISTRAR'S SIG	10

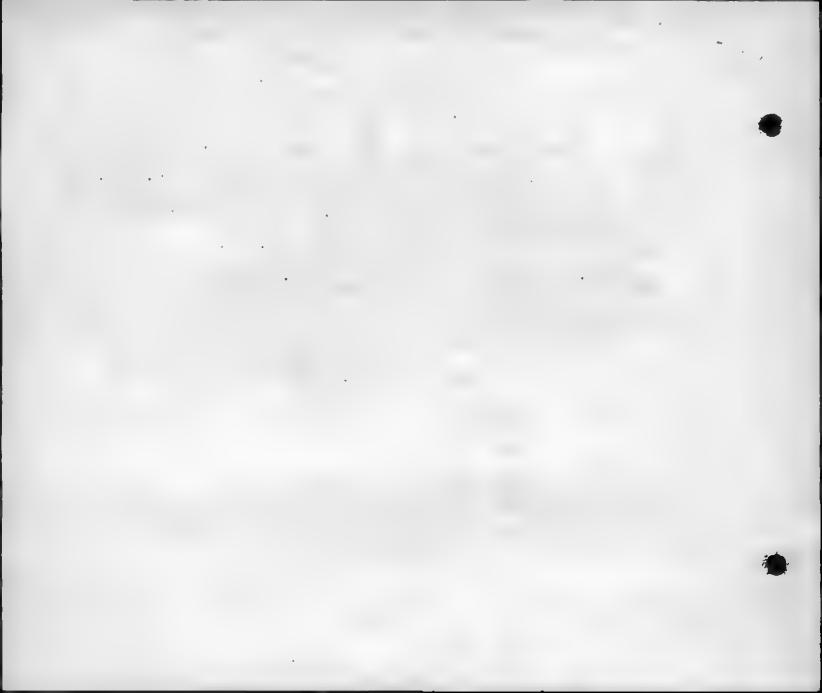
may be retained by the haspital ar attending physician.

• FUNERAL PARECTOR: After this certificate has been signed by the attending physician and commetely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hadrs after death. RATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have may be re' VS A15 (4) 15M 9/55

er death. Page 4

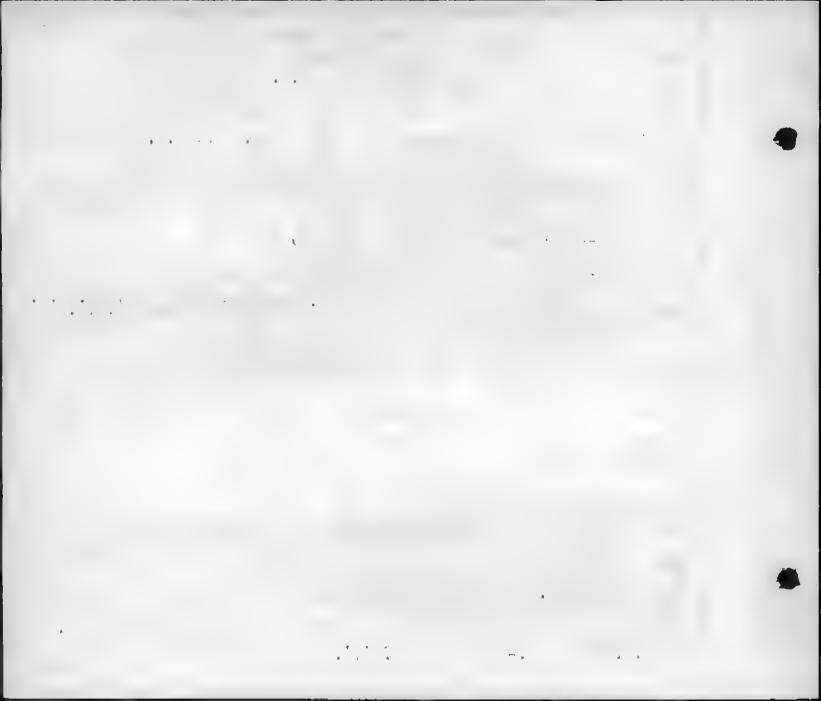


1		4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6 & 6 6		-	13930 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 13885
should b	語)	۸Ī.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission)
	III)	4	Liontgomery MARYLAND & STATE Maryland b. COUNTY MONTGOMERY
Rage /			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
P. P. D.			Bethesda D.O.A 11:05 × Bethesda
to the second	91		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RES DENCE ON A FARM?
pries is	, ,		Suburban 9837 Singleton Dr. YES NO
ony dela funtral d ir your fil registrar	1	3.	NAME OF First Middle Lost 4. DATE Month Day Year OF
		1_	(Type or print) Timothy Cahill Dec. 13. 1956
The for	/	S. 1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.
는 p c 등			Tale WIDOWED DIVORCED Oct. 14. 1958 A Dar 1 29
10 to 5 to	₹.	100	z. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
fer on and	7		Infant Wash, D.C.
5 - E - S	3	13.	FATHER'S NAME
2 2 4 2	H	15	Robert H. Cahill WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT Address
in 24 1 re Page Page File po			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) (If yes, give wor or doles of service) Address Address
C 10	T	-	
P. G. P. C. P. P. P. C. P. P. C. P. P. C. P. P. C. P. P. C. P. P. C. P. P. C.	fied		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
i per	भूत भूत		IMMEDIATE CAUSE (0) April 12
auld be exec pencil in Iter slang with fa burial-transit	noti		Sandrian is any Man of the sandrian is any traff
cili GW G-fr			gove rise to immediate couse
	Broschart		(o), stoting the underlying DUE TO
in it is a state of the state o	4	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
nding nding r's Off used c	S 0	CATION	PERFORMED? YES NO
pend pend ner's	Br	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.
			CAUSE OF DEATH.
£ > _ %	D	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, left) (County) (Stote)
2 2 3 C		MED	Hour o. m. While Not while of work of work of work
AAAII ing II Medi Page			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K, Inquiry K, and find that
write hief OR:			death resulted from: Natural causes []. Accident [], Suicide [], Homicide [], Undetermined cause [].
A SOL			
			SIGNATURE TO CHIEF MEDICAL EXAMINER DATE SIGNED
A L	1		EXAMINER'S ASSISTANT MEDICAL EXAMINER []
PLIT the ard ard NER	E 8"		NAME (Type) FANK J. Broschart DEPUTY MEDICAL EXAMINER @ 12-13-58
cute forw or re		220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION: (City, town, or county) (Stote) REMOVAL (Specify) 12/16/58 Gate of Heaven
5, 50			Silver Spring, Ma.
VS. ATSME(5)	N. SANCE	23.	FUNERAL D RECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Md. 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
SM 9/5S	,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7



VS A15 (4) 15M 9/5S

					<u> </u>	Reg. Dist. No.	
	1. (PLACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who STATE D. C.	ere deceosed lived. If instituti b. COUNTY		dmission)
		b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		ulside corporate limits, write f	RURAL and give nearest	lown)
		Rural ond give necrest fown) Kensington		Washing		4 17.	
)		d. NAME OF HOSPITAL (If not in hospital, give street of DR INSTITUTION Kensington Gardens Nu	ersing Home	d STREET ADDRESS 3726 Co	nn.Ave., N.	T.7	RESIDENCE ON A FARM?
		NAME OF First (Type or print)	Middle D.	Caldwell	4. DATE Mor OF DEATH	nth Day	Year 19 5 8
	5. 5	F. W WIDOWE	DIVORCED [8. DATE OF BIRTH 1/28/1880	9. AGE (In years lost birthday) 78 yrs.	Months Days He	
	100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				12. CITIZEN OF W	HAT COUNTRY
\setminus	12	Retired Saleswor	man	Paris, T			
Д	IJ.	Robert E. Dollman		14. MOTHER'S MAIDEN N	th Cunninghe	777	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. II	NFORMANT		ress.	
	(70)	(1f yes, give wor or dates of service)	Ev	elyn D.Cald	lwell- 3726	Conn. Ave.	,N.W.
		18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c)	1 1		INTERVA	AL BETWEEN
		PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).	releptal	/ Kenn	Mare	4	637-
		DUE TO	x127 - 0	000		1/2	21.
		Gonditions, if ony, which gove rise to immediate	ilenis-S	cocean		10	1
		couse (a), stating the under- lying couse last.					
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 W	VAS AUTOPSY
	FICATION	Chairle -	Enzolose	letis			ERFORMED?
	CERT	200. ACCIDENT WAS UNDERLYING 1 206 DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item 18.)		
	MEDICAL	Hour a.m. While	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
	-	21. I certify that I attended the decease		1953 to 7	Sec. 23, 195	That I last saw	the decease
		olive on 22 19 3			2M, from the causes of		
			20		ADDRESS (Street, city or town,	stote)	DATE SIGNE
		ACTUAL SIGNATURE SIGNATURE	o ce	M.D. >(00	2 Com de	4 Wo-60C	12/23
		PHYSICIANS John V. Doles	n	******			
		BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		27d LOCATION (City, lown,		(Stole)
		Burial 12/27/58 FUNERAL DIRECTOR'S SIGNATURE	Parklawn Co	metery	Montgomery BY REGISTRAR 246 REGI	County	Md.
		The S.H. Hines Co29	01 14th St.	107 177	EC 2 9 '58	SHALL SHOW SHALL S	
				T. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			



Laytonsville . Md

e. IS RESIDENCE YES TO NO A

Ymor

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO 79

> > (Stole)

and in niv

DATE SIGNED

(Stole)

24b, REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

۷a.

Days

VS. A15ME 5M 2/57



VS A1S (4) 15M 10/S7 8 Y

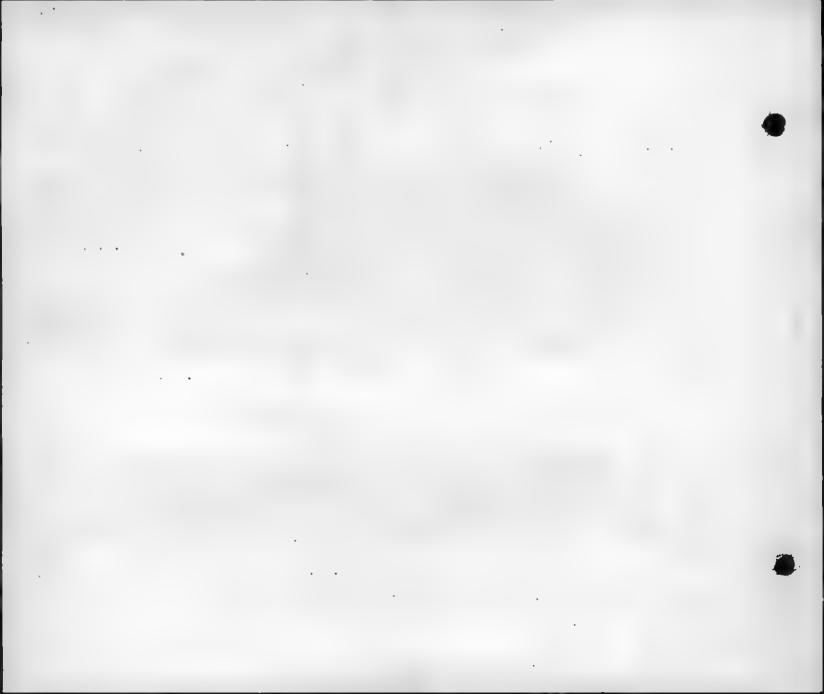
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13889

13933 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY Montgomer	9.50	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE ACQUINTY MARYLAND Prince George					
b CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL ond give o	4 1	EO 30000	Cheltenham					
Be the sda	ITAL (If not in hospital, give street	52 days	d. STREET ADDRESS				e. IS RESIDENCE	
OR INSTITUTION		,					ON A FARM?	
	ral Hospital		Naval Ra		10n - 0	trs. 3	YES NO X	
3. NAME OF DECEASED	First	Middle	lost	4. DATE	Mar	ith I	Day Year	
(Type or print)	Albert	James	CARNEY	DEATH	Dece	ember	17 19 58	
5. SEX	6. COLOR OR RACE 7 MAR	RIED 🔀 NEVER MARRIED 🔲	B DATE OF BIRTH	7	9. AGE (in years lost birthday)		AR IF UNDER 24 HRS	
Male	Caucasian WIDOW	/ED DIVORCED	12-9-81		77 yrs	Months Days	Hours Min,	
10a. USUAL OCCUPATION	ION (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (SI	ate or foreign co	untry)	12 CITIZEN	OF WHAT COUNTRY	
Sales Mar		Meat Packing	Texas			U.S	ι Δ	
13. FATHER'S NAME			14 MOTHER'S MAIDE	N NAME		1 0.10	10450	
James CAF	NEV		Anna MC	NIAMADA				
		SOCIAL SECURITY NO. 17	INFORMANT	MANUATOA	Add	r044		
Yes, no. or unknown}	(If yes, give war or dates of service)	3021/12 32COM11 100 11			Add	1.639		
	ATH [Enter only one cause per i	ine for (o), (b), and (c).]			9		NTERVAL BETWEEN	
PART I. DE.	ATH WAS CAUSED BY DE	ssecting a	belonum a	and	WA MILL		6 days	
45/X	DUE TO	4						
Conditions, if	any which \	entomices allo	inter she	Nau la	- dina	010		
gove rise to	immediate	1 1001 00000	10100 00	s early	x aunx	Cay.	3	
Couse (a), stating lying couse last.								
PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
	remana	whenany	pladder				YES NO 🔀	
OR CONTRIBUTION	AS UNDERLYING (1) G CAUSE OF DEATH F MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Port I or Port	II of item 18)			
5 20c. TIME OF INJU	RY Manth, Day, Year 20d. I		LACE OF INJURY (Home, f		or town)	(County	y) (State)	
Hour om,	19 While	sum wittle	actory, street, office bldg.,	etc.)				
			· 0 ·			1		
	hat I attended the deceas							
alive on Dec	ember 17 195	Q, and that death	h occurred at 11:				ote stated above	
		0		ADDRESS (Str	eet, city or tawn,	state)	DATE SIGNE	
ACTUAL SIGNATURE	- la mand	- ovores	M.D. U. S. N	aval Hos	pital. N	INMC	12-17-58	
	1							
PHYSICIAN'S NAME (Type)	Howard S. IRON	IS, LT, MC, USI	N Bethesda	a 14, Ma	ryland			
220. BURIAL CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATI	ON (City, town, o			
BULLAT Specify	12-19-58	St. John's C			aton		yland	
23. FUNERAL DIRECTOR	'S SIGNATURE //	ADDRESS						
- cum	monn Du			EC'D BY REGISTR		STRAR'S SIGNATI		
Simmons Br	os., 1661 Good	Hope Rd. SE. V	Jash. DC DATE	DEC 1 9 '58		119 8 4	.uA	



CERTIFICATE OF DEATH

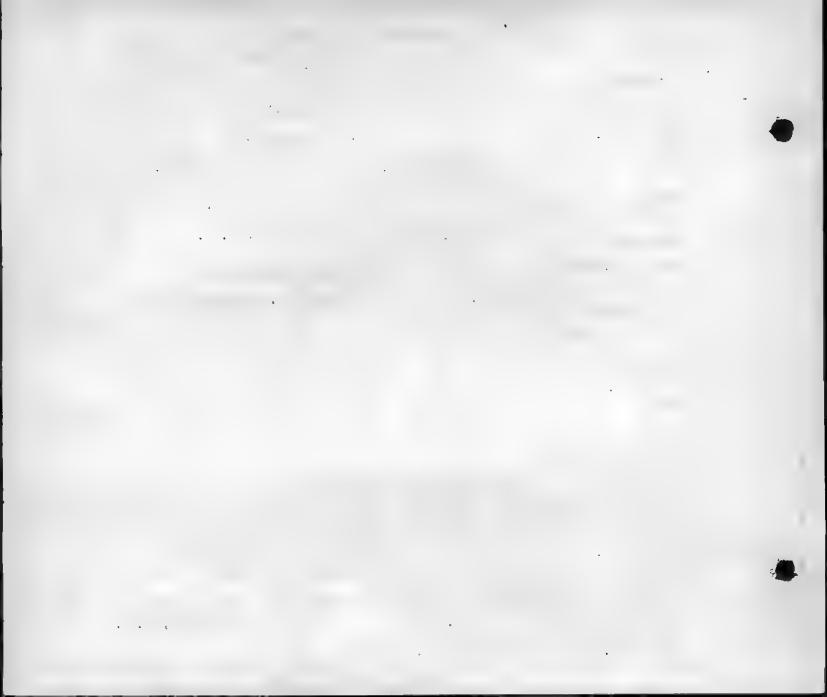
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20002					Reg. Dist. N	lo.	
1. PLACE OF DEATH • COUNTY	MARYLAND	2. USUAL RESIDEN O. STATE Mary 1		Llived. If instituted b. COUNTX	Aontgon	fore odmiss	lon)
Matgomery b. CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16		'N (If outside corpe	IV	Tontgon	nery	-1
RURAL and give nearest town) XX Chevy Chase	C LENGTH OF STAT IN 10	V	C hase	rore limits, write Ki	TIKAL ONG GIVE	nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, give street : 3707 Leland Street	oddress)	3707 Le	land Stre	eet			FARM?
3. NAME OF DECEASED (Type or print) FRANCES (GERTRUDE C	ARROLL	4. DATE OF DEATH	Decemb		/	Year 19 58
5. SEX 6. COLOR OR RACE 7. MARR	HED HEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YE		
Female White woow	ED 🔀 DIVORCED 🔲	7/7/91		67 yrs	Months Day		Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 13 BIRTHPLACE	(State or foreign co	ountry)	12. CITIZEN		COUNTRY
Housewife	Own Home	wasn	ington, 1). C.	US	3	
9. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME				
Henry Ruppert			Reb stoc				
(Yes on an unknown) , fit was more no destre of surround		NFORMANT		Addr			
No	None M	rs Rober	t E. Pho	elps-Ite	m#2		
18. CAUSE OF DEATH [Enler only one couse per list	ne for (a), (b), and (c)]			`		NTERVAL BE	
PART 1, DEATH WAS CAUSED BY.	molosacor	m netre	(retrembencelityre) 1/2 yea				
doo. DUE TO		1		10			0
Conditions, if any, which)							
gove rise to immediate (
Louis foll, trotting the under-							
1-1	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	ETERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o	I 19. WAS	AUZÓPSY
OLIV						PERFO	NO T
200 ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Fater nature of in	usy in Post I or Par	II of item 18.1	· · · · · ·	1 123 🗚	NO []
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CARL HOW HOOK OCCORNE	D Trues House of the	ory in 1077107107	o or nem 10 j			
Haur o. m. While	NJURY OCCURRED 20e PL Not while k of work	ACE OF INJURY (Hometary, street, affice blo	e, form, 20f. (City lg., etc.)	or town)	(Count	'Y)	(State)
21. I certify that I attended the deceas	ed from Jenu	ال ۱۹۵۵ بسه	2 De 2	1958	Zthat Llast	saw the	deceased
glive on Dec 1 190		accurred at					
	· ·	4000000		reet, city or town,			ATE SIGNED
ACTUAL SIGNATURE		M.D. 8641G	albreak	Rad Delm	spland,	hd &	<u> </u>
PHYSICIAN'S BLAINE	H. EIG.					W 400 100 400 400 der de de	
220. BURIAL, CREMATION, 226. DATE THEREOF 12/5/58	Mt. Olivet	R CREMATORY		ION (City, fown, o		(Stat	e)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24	. REC'D BY REGIST		TRAR'S SIGNA	TURE	
Pohont A Damahaar 1	Dathaada Maa	n-alamal I					

may be retained by the hospital or attending physician.

O FUNERAL After this certificate has been signed by the attending physician and campletely filled in the function page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ofter death; Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be reto VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

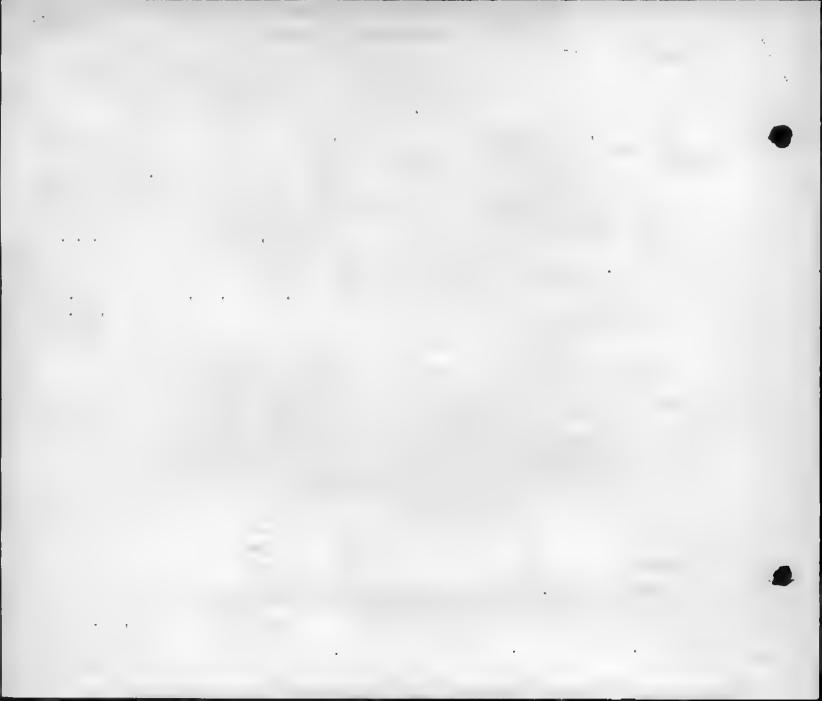
director,

death: Page



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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170

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13893

	1	3936	MEDICA	L EXAM	NER'S	CERTI	FICAT	E OF DE	ATH	Reg. Dist. I	No.	
7, P	LACE OF DEATH	-				2. USUAL RE	SIDENCE (W	here deceased liv	ed If institution	on Residence	before admi	ision)
٥	COUNTY 17	1 on Gon	1274	M	ARYLAND	o. STATE	m	cf	b. COUNTY	mon	La	
b.	CITY OR TOWN (II		, write BIFAL	c LENGTH OF S	TAY IN 1b	c. CITY OI	R TOWN (IF	outside corporale	limits, write R	URAL and g've	negrest to	wn)
	and grity nearest fown	1 1 1	41	1/2	160	V.	13	olem	ma A		1	
d	NAME OF HOSPIT	AL OR INSTITUTIO	N (If not in he	spitol pive street or	100	dy STREET	ADDRESS	0 10100	216		In IS PI	LS-DENCE -
	. /	1/		?!	7	7	_	11.	. 6	2,	I ON	A FARM?
2 1	IAME OF	Jarry	mu	Lecus		7:0	ZZ_2	ung	V	me.	, —	ио 🔄
- 1	ECEASED	21 6	First	Middf	·	los	1	4. DATE OF DEATH	Month	De	•	eor
	Type or print)	Tertes	to La	neolin (Ruch	Kins			Dec	22		953
5, \$!	EX	6 COLOR OR RA	ICE 17- MARR	ED NEVER MAI	RRIED 🔲 8	DATE OF BIRTI	Н	lor	butheley)	Months Days	-	ER 24 HRS
	naci	West	WIDOWI		Append 1	11 6	and the		g yn.			
100.	USUAL OCCUPATION OF WORKING	ON (Give kind of w ng tife, even if refit	ork done 10b ed)	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPE	LACE (Stote o	or foreign country	r)	12 CITIZEN	OF WHAT	COUNTRY?
1	Ken.						assi			1 M	.7 €	mail.
13.	FATHER'S NAME	F 144				14. MOTHER'S	MAIDEN N.	AME	e)			
	DIC. The	me Co	Eu. Ch	une		1 60	rus	E -	(class.	2418		
	WAS DECEASED EV	ER IN U. S ARMED		SOCIAL SECURITY	NO 17. IN	FORMANT			Address		-	
,		fu lat due un en po			10	Best	Pour	V b (2	-m) V	32		7
	18. CAUSE OF DEA	TH Enter only one	couse per line	for (o), (b), and (c)	1		Spoketo July 1			TIN	TERVAL BETWE	Ble
		TH WAS CAUSED I	Yı /	ente Co	1	tur	2	1 A	19	O	SET AND DE	OH - 27
П	definite animal f	IMMEDIATE CAUS		ed Co	rough	200	d literen	ur yes	- LALVILA		Drd 6	olligan
		DUE	10		0			1		6	si full	200m
	Conditions, if a	diote couse	(p)								floor	
	(o), stoting the		TO							- 1		
	couse fost.	J	(c)									
ģ	PART II. OTH	HER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERMIN	NALDISEASE COI	NDITION GIVE	N IN PART 1(o)	19. WAS /	RMED?
3											YES 🗌	NO 🖟
	20g. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.	USE WAS NTRIBUTING (*)	206 DESCRI	E HOW INJURY O	CURRED (E	nter nature of s	njury in Part	for Fart 11 of ite	m 18.)			
1 . 1	CAUSE OF DEATH.											
3	20c. TIME OF INJU	RY Month, Doy		INJURY OCCURRED	20e PLAC	E OF INJURY (Home, form,	20f. (City or to	wm)	(County)		(Stote)
WEDICAL	Hour o.m.		19 of w	e Not while ork of our ork	Tacre	ry, street, offici	e plag., erc.j					
		hot I took cho		remoins descri	bed obo	ve. held an	Autopsy	Inspe	ction .	Inquiry [71 00	d in my
Н			_	couses [4]. A	_		-	iomicide []	Jac.	mined man	Tel.	u ili iliy
	opinion acom	A.	.7	COOSES (24). A	cordeni E		۰ 🗀, ،،	omiciae [_].	Undelett	milea man	ner 🗀	
П	ACTUAL	4. 16.	1300	ata to		CHIEF A	MEDICAL EXA	MINER []			DATE S	IGNED
	SIGNATURE	cant fi	1 SING	Concre.		_ MI.U.		L EXAMINER				
	EXAMINER'S	FIANK	T 12	Luner	.1			XAMINER [7]	12	- 22	-57	3
200-	NAME (Type)	CINI.	X112	10 SCA 12	F							.v. .m-
١	REMOVAL (Specify)		EREOF	22c. NAME OF CE	MEIERY OR	CREMATORY		22d. LOCATION	(City, town, or	county)	(Stote	1}
	emoval		/58	100056			1	Water	own.	Mass.		7
Lim.	funeral director he S.H.		290	12 12 th	St. N	I.W.	240. REC'D	BY REGISTRAR				
1 4	he S.H.	Hines C	O. Was	shington	9. I) . C .	DATE	2 4 '58	Circ	-1 2 Via	uini.	

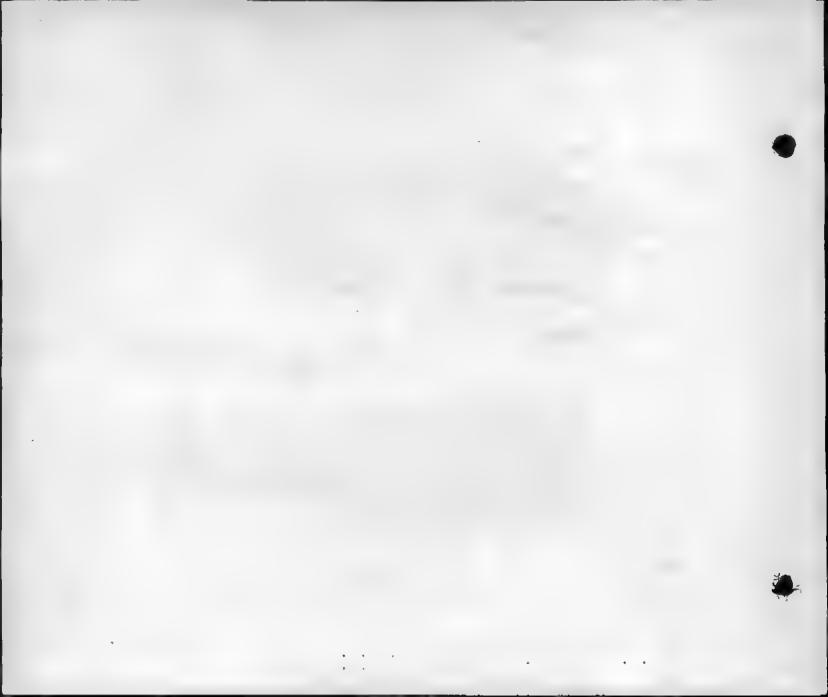
2901 14th Washington

St.

N.W. D.C.

TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay recessory, please execute the perificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the function. Page 4 should convarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, and its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. ALSME 5M 2,57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12027 CERTIFICATE OF DEATH

Reg. Dist. No. 215

		ناماله المالية	U_4		Reg. Dist. No. 227				
1. PLACE OF DEATH COUNTY Montgomery			MARYI	AND 2.	USUAL RESIDENCE (Who o. STATE District of	ESIDENCE (Where deceased lived If institution Residence before admir ict of Columbia COUNTY			
RURAL	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)			N 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)				
		ral)	about a delicate		Washington	4	<u> 17x-3</u>	-	√
OR IN	OF HOSPITAL (If no		·		d STREET ADDRESS			e. IS RESIDENC	M?
U.S.	Naval Ho	<u>spital, Be</u>	ethesda Md.		5023 Chadwid	ek Court		YES NO	
3. NAME O DECEASE (Type or	O	First Herbert	Middle (n)		CHAPMAN	4. DATE Mon		Day Year 4 19 5	58
5. SEX	6. CO	OR OR RACE 7	MARRIED NEVER MARRIE	D 8. D	ATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1 YEA	AR IF UNDER 24	
Male	1	1	DOWED DIVORCED		l August 190		Months Days	s Hours M	Ain
10a. USUAL	OCCUPATION (GIVE	kind of work done	106 KIND OF BUSINESS OF				12 CITIZEN	OF WHAT COU	JINTRY
auring	most of working life,	even if refired)	U.S. Navy		Mississin	ากว่า	11	.s.	
3. FATHER'S	S NAME		0101	1	MOTHER'S MAIDEN N			101	
Char	les R. CH	APMAN			Letha (n) DENTON			
			? I16. SOCIAL SECURITY NO.	17 INFO		Addr	att		
Yes, no. or un		war or dates of service			Louise C. (11-1		
18. CA	USE OF DEATH [En	er only one couse	per line for (a), (b), and (c).]		_		IIN	TERVAL BETWEE	EN
	PART I DEATH WAS	CAUSED BY TATE CAUSE (a)	Circharia	21 7	Cine.		0	2 - 3 44	
5	81.0	countro						7	333
	itions, if any, whi	ch)	acal.	,	0			2-3	
gove	rise to immedia	ite Dus To	- grane	1-0-	oura-	<u> </u>		- Juges	21.
	(a), stating the <u>und</u> e cause last.	M-							
		(c)	ONS CONTRIBUTING TO DEA	TH BUT NO	PELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	ENI INI GADT 1/a)	IID WAS ALTO	DE V
P I	711111111111111111111111111111111111111		OTO COTTANDO TO DEA	501 110	ALLA ILD TO THE TEXAMI	ANT DISENSE CONDITION GIV	EN NA EVEL 1(0)	PERFORMED	D5
E 300 AC	CIDENIT WAS LINDS	PLYING CT 120h	DESCRIBE HOW INJURY OF	CURRED IS	-ttf i-i i- 0	and the first Host Stem 18 to		YES NO	
	CIDENT WAS UNDE NTRIBUTING CAU ER, NOTIFY MEDICA	SE OF DEATH	. DESCRIBE HOW INJURY OC	CORKED. (E	nier nature ar injury in r	or for ror li or lientis.)			
	E OF INJURY Man			20e. PLACE	OF INJURY (Home, farm,	20f (Cily or town)	(Count	y) (Si	State)
S	p. m.		While Not while	raciary	, street, office bldg., etc.)				
			ceased from 15 Se	nt	10.58 1. 21	December 10 E	<u> </u>	-1 4	
	on 24 Dece				19 <u>29</u> , 10 <u>6</u> -1	December, 19 5	Sthat I last	saw the dece	ease
alive				death ac		M, from the causes a			
ACTUAL	100	mu WI	· yacena	_		DDRESS (Street, city or town,		DATE SI	
SIGNAT		•		M.D.	U.S. Naval	Hospital, NNM	C, Bethe	eda,Md.l	2-
PHYSIC	AN'S				II 0 Name 3	**	T 11.2	22	
NAME (Type) Jame		NG, LT MC USN		U.S. Naval	Hospital, NNMC	, Bethe	saa,Md.	
220. BURIAL	CREMATION, 22b.	DATE THEREOF	22¢ NAME OF CEME			22d LOCATION (City, town, o	r county)	(State)	
		2-30-58	Arlingto	n Nat	ional	Arlington, Vi	rginia		
23 FUNCERAL	CHECHOKE FIGH	EUBENEW 7	ADDRESS				TRAR'S SIGNAT	URE	
R.A.	Pumphrey I	uneral F	ome 7557 Wis.	Ave, Be	the sda MOE	2 3 1 '58 2	-127 8 ta	c1.1	

nerol director, d be fitted with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the hospital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR may be retaine TO FUNERAL DIR VS A1S (4) 15M 10/S7



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13938 CERTIFICATE OF DEATH Red. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY **b.** COUNTY MARYLAND Marvland Montgomery b. CITY OR TOWN (In buside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town)
Bethesda, Bethesda d STREET ADDRESS o. IS RESIDENCE 74 d. NAME OF HOSPITAL (If not in hospital, give street address) Suburban Hsopital 4501 Middleton Lane YES NO 2 NAME OF 4. DATE First Middle Month Yeor OF DEATH WILLIAM DONALDSON CLARK (Type or print) December 14. 19 58 IF UNDER LYEAR IF LINDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Davs WIDOWED IX DIVORCED [7] July 24, 1872 Male White 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 2. CITIZEN OF WHAT COUNTRY? U.S. Govt. Ret. New York, N.Y. IIS 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Clark Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Helen Clark Shaw-Item# 2 No None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) 45000 DUE TO Conditions, if any, which gove rise to immediate DHE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg, etc.) Hour o m Not while al work of wark 195 What I last saw the deceased 21. I certify that attended the deceased from and that death occurred at 12:20 M from the couses and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL 8016 Old Georgetown Rd., Bethesda, Md. ∕eo Donovan-

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)

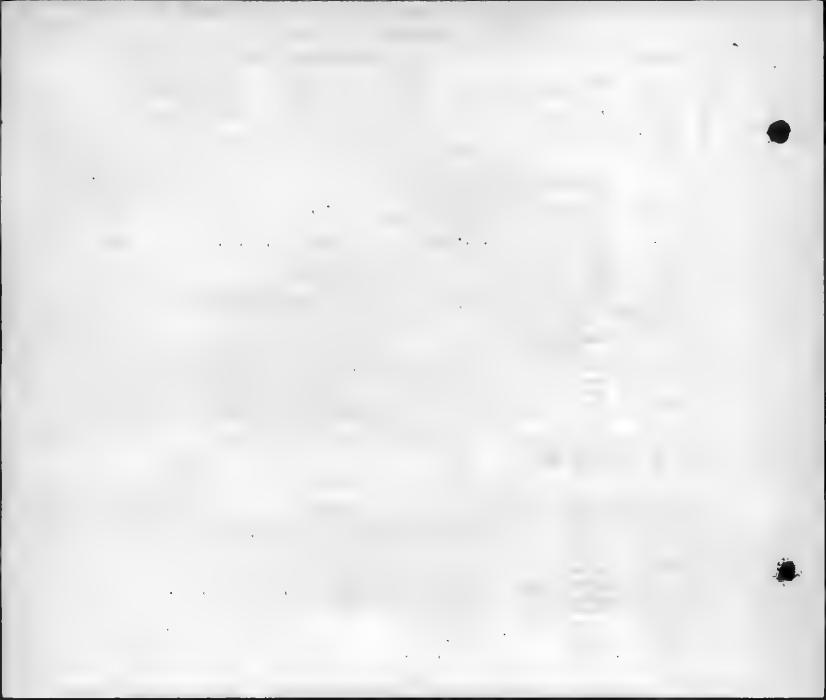
PERFORMED? YES NO

(Stote)

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

BUTTAL Specify 12/17/58 Cedar Hill Suitland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda, Md. Orthur S. Hraus

VS A15 (4) 15M 9/55



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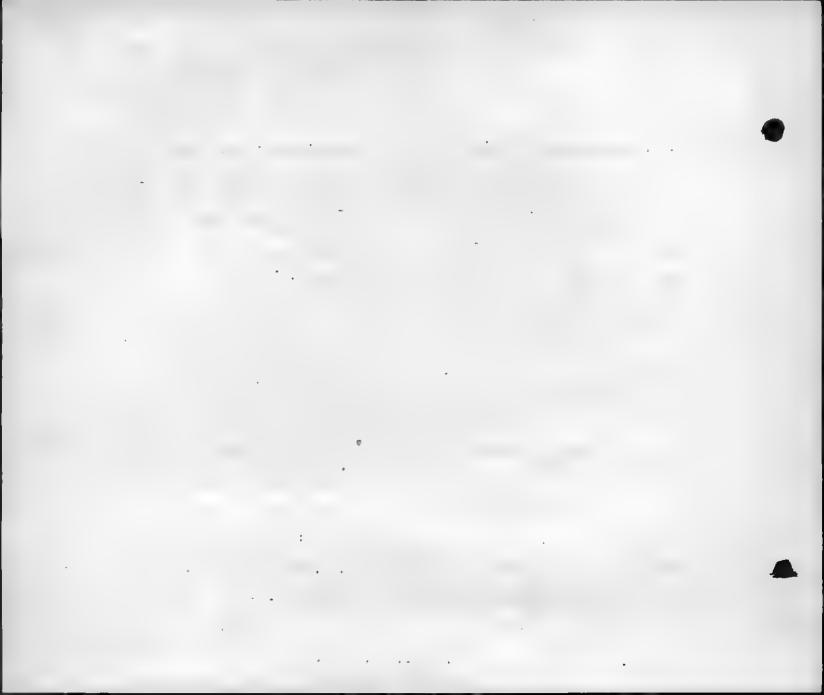
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

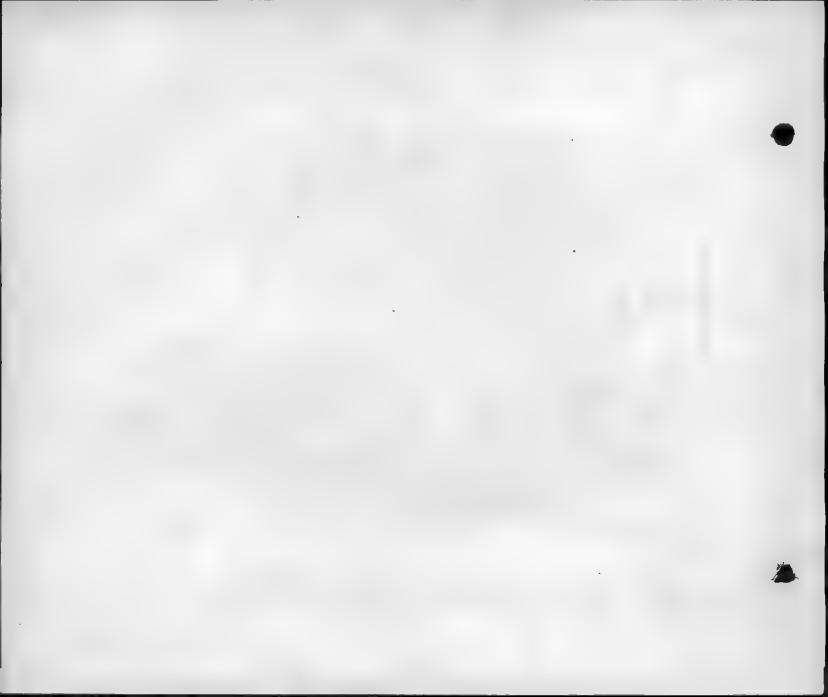
Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission **b** COUNTY Florida c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Kev West d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX Coral Isle Trailer Park 4. DATE Year CLAUNCH 58 December DEATH 19 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) 10-14-58 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Florida USA 14. MOTHER'S MAIDEN NAME Patsy R. ARNOLD Address OFFICIAL NAVY RECORDS INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES 💢 NO 🗌 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f (City or town) [County] (State) factory, street, office bldg., etc.) 21. I certify that I attended the deceased from November 14, 19 58, December 8, 1958, that I last saw the deceased , and that death accurred at 1:58A M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 12-8-58 S. Naval Hospital, NNMC Bethesda, Md. 22d. LOCATION (City, town, or county). (Stote) Arizona Tuscon 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Adams Funeral Home, 4748 Wisc. Ave., NW, Wash, Cirching S. Hays

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13865 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY o STATE files. Health, MARYLAND b CITY OR TOWN (I subside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F 3. NAME OF Month DECEASED (Type or print) DEATH 10 9 AGE Ilin years 6. COLOR OR RACE 7. MARRIED THEYER MARRIED THE DATE OF BIRTH IFUNDER TYPER IF UNDER 24 HRS Months Doys Hours WIDOWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI IYan, zo. oz unkaswol (If yes, give war or dates of cervice) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DIALH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove tise to immediate cause **DUE TO** (a), stating the underlying couse fost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Hem 18.) 208 INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) While Not while 13 at work of work 21.1 certify that I took charge of the remains described above, held an Autopsy ... Inspection A. Inquiry end in my Homicide . Undetermined monner opinion death resulted from: Notural couses , Accident , Suicide | DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TA NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (Cuty town 240 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE VS. A15ME C: 1 x & Frank 5M 2/57



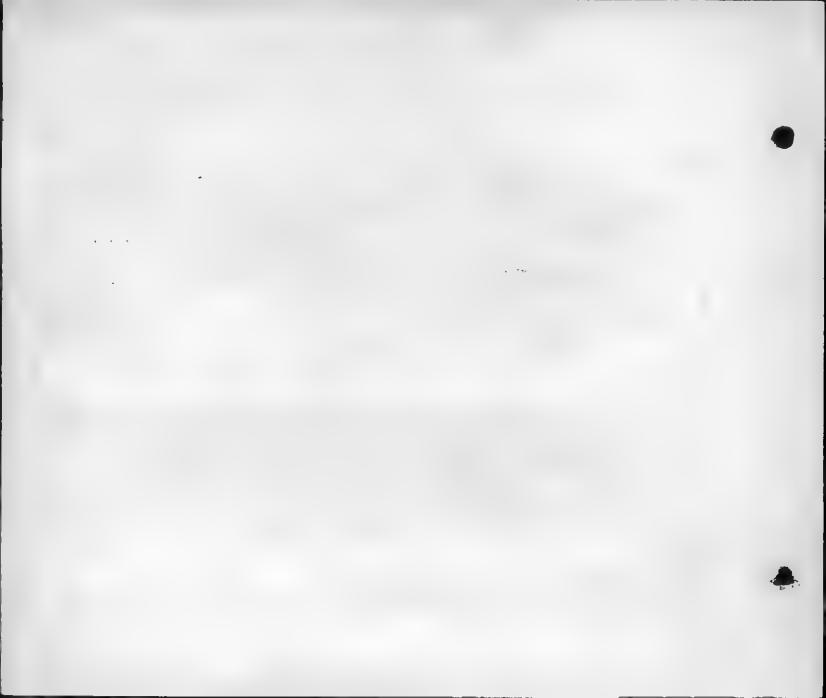
VS A15 (4) 15M 9/55

13897

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES NO THE Month Day Year December 10 19 58 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address As above INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO DY (State) (County) 4 , 1955, to Propert 19 that I last saw the deceased 3924M, from the causes and on the date stated above. 22d LOCATION (City, town, or county) (State)

1 +1 1 2

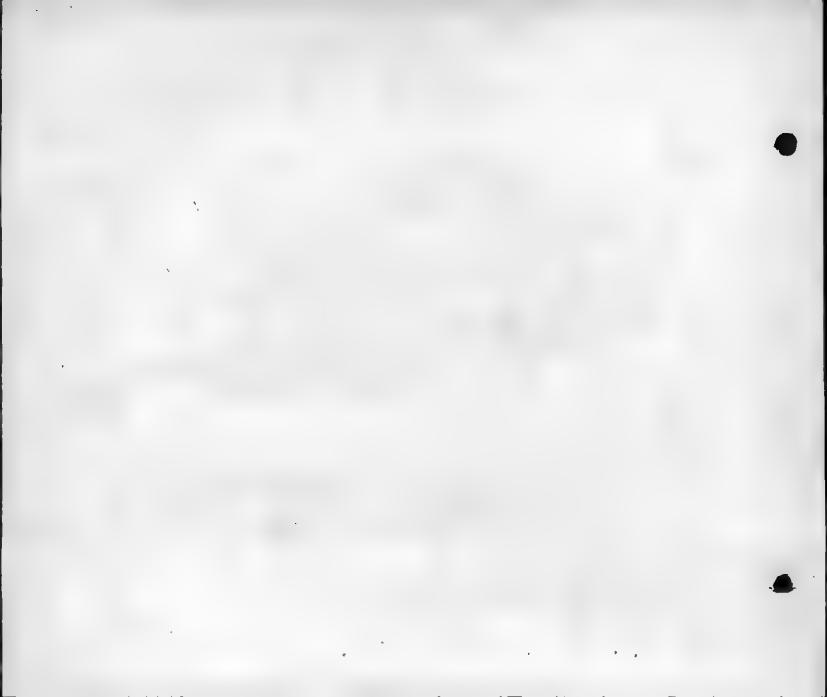
DATEDEC 2 3 '58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13898 13941 **CERTIFICATE OF DEATH** Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY should be filed **b.** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write / c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give-nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE 74 OR INSTITUTION ON A FARM2 YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED [NEVER MARRIED [9. AGE (In years lost birthday) Months Days Haurs Min. WIDOWED | DIVORCED | YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) deoth. 12. CITIZEN OF WHAT COUNTRY? ofter 13. FATHER'S NAME physicion remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Hospital Records ottending 2 18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c) INTERVAL BYTWEEN ᇻ PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO ģ Canditions, if ony, which been signed gave rise to immediate DUE TO couse (o), stating the underpuo lying couse last. 4. burial-tronsit PART II TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110712 WAS AUTOPSY removal, PERFORMED? Neumo NO | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20h, DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 26d. INJURY OCCURRED 20f (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at wark 19 0, that I last saw the deceased 21. I certify that I attended the deceased from alive an_ and that death accurred AM, from the causes and an the date stated above. ADDRESS (Speed city or town; stale DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) TO FUNER 3 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY pode (State) DUT 1.8 Loudon Park Cemetery Baltimore Mary land Tuth St., N.W. 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2901 Co. VS A15 (4) 15M 9/55 entury & Heres

death.

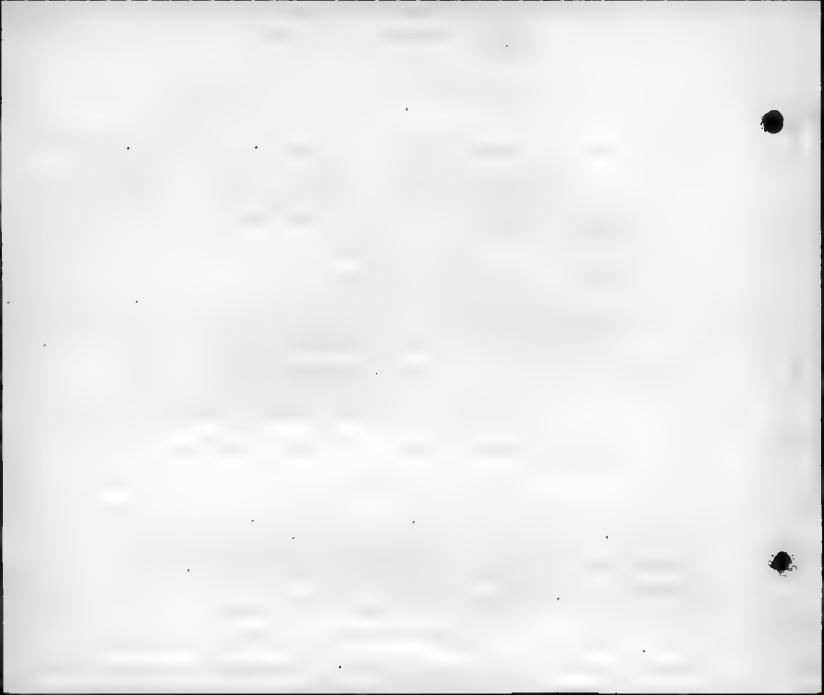
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deoth.

Seath confiscate



13907

. IS RESIDENCE

Hours

Days

ON A FARM?

YES NO

Year

Road

PERFORMED? YES NO TO

(State)

Ridge, N.J.

INTERVAL BETWEEN ONSET AND DEATH

195 8

(County) 21. I certify that I attended the deceased from AUG. . 1918, ta PEC: 2 1958 that I last saw the deceased and that death accurred at 6:45 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED LOWDEN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Cemetery aul Indiana AODRESS 24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE essona Qu'All DARGET " " C Frank

O VS A15 (4) 15M 9/55

C

ACTUAL -PHYSICIAN'S

NAME (Type)

emova]

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Henry M.

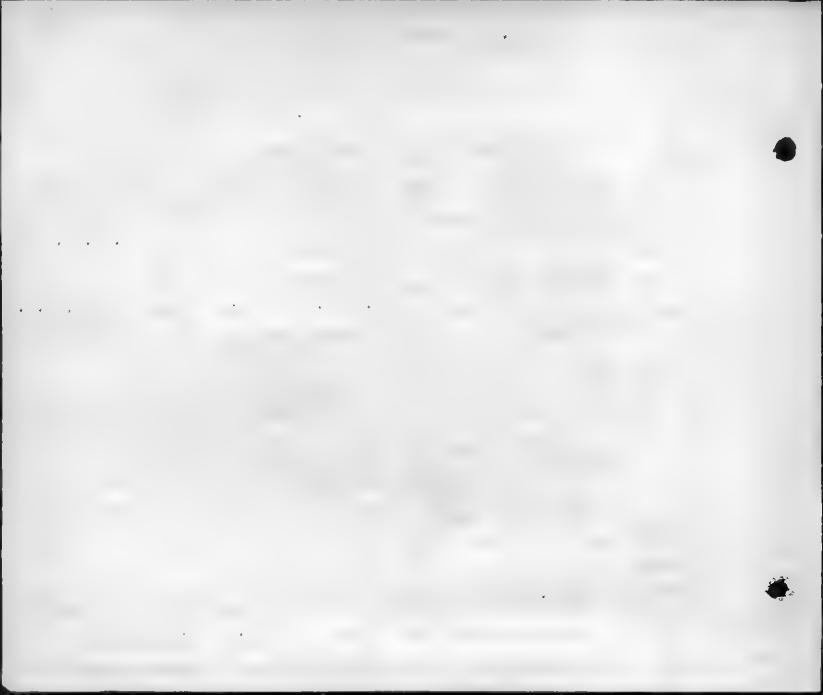
22a. BURIAL, CREMATION, 22b. DATE THEREOF

Page

deoth. funeral

filled

puo



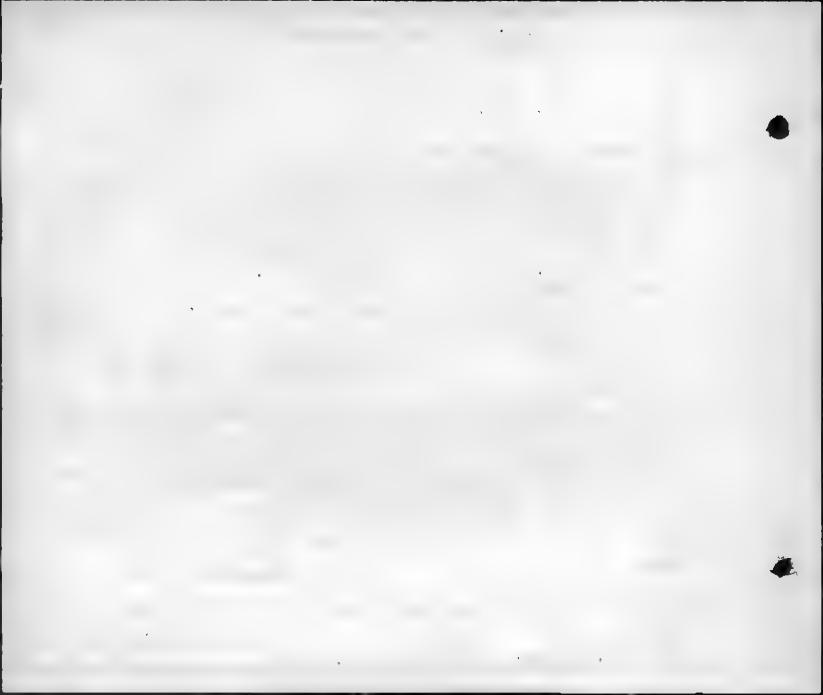
CERTIFICATE OF DEATH

	200	X U				ag. Dist. 140.
1. PLACE OF DEATH o. COUNTY	Monto	MARYL	II O STATE	DENCE (Where decease	ed lived. If institutions b. COUNTY	Residence before admission)
RURAL and give no	f outside corporate limits, s		N 15 c. CITY OR	TOWN (If outside corp	orate limits, write RUR	At and give nearest town)
1 a 138	errburg. Ru	rol. 68 yro	de Can	tt errour	E. Service	1
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in hospital, give	street address)	d. STREET A	DDRESS		e IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First 'Orrast	Middle Fran Li	n Cro	OF	Month レック	Day Year] 19 . f
S. SEX		MARRIED NEVER MARRIE				UNDER 1 YEAR IF UNDER 24 H
۱ ₂ le		IDOWED DIVORCED	- ii	LP-1885	J. yrs T	7 2
during most of work	ON (Give kind of wark dan ling life, even if retired)	106 KIND OF BUSINESS OR		LACE (State or foreign	The P.	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		
J	ames M.	Crown	St	arah J. O	roun	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT		Address	
			Ruby E	ri s C	royn. Gal	lthersburg. d
Conditions, if o gave rise to i caste (o), stating lying cause last.	mmediate (DUS TO	letteurzet.	tit Can	de1717 1.	erital des	ine Say
PART II. OTH	IER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO) THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART I(0) 19. WAS AUTOP PERFORMED? YES NO
	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER	b. DESCRIBE HOW INJURY OC	CURRED (Enter nature o	if injury in Part I or Pa	ort () of item 18.)	
ZOc. TIME OF INJUR Hour o. m. p. m.		20d, INJURY OCCURRED While Nat while at work at wark	20e. PLACE OF INJURY I factory, street, affile	Home, farm, 20f. (Ci bldg., etc.)	ty or town)	(County) (Sk
21. I certify the ulive an	at I attended the de			ADDRESS (4 12/1
220. BURIAL, CREMATIC REMOVAL (Specify)	12-00-58		TERY OR CREMATORY		ATION (City, town, or o	
23 FUNERAL DIRECTOR		ADDRESS	- M	DATE DEC 2 2	TRAR 245. REGISTR	AR'S SIGNATURE

TO FUNERAL DIVERTION: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 15M 9/85

00

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No. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Carilyon & Krous

VS A15 (4) 1SM 9/55

FUNERAL DIRECTOR'S SIGNATURE

I director, filed with

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plo

unerol

physician

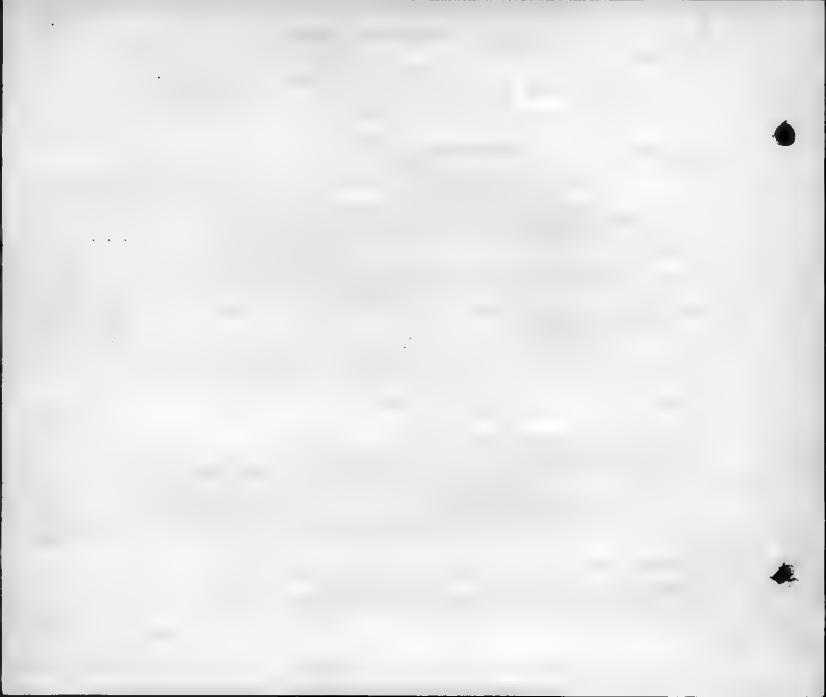
ter death. Page



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 13946 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Amay be reto as by the haspital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shoul be detached for use as the burial-transit permit. Then please combon papers. Pages 1 and 7 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hour, after death.

VS A15 (4) 15M 9/55

	24.00	2 JE ()							vad' mis	es can.		
1. PLACE OF DEATH a. COUNTY	ontgomery	-	MARY	LAND	- CTATE	arylar		l lived. If instituti b. COUNTY				
b. CITY OR TOWN (If ou	tside corporate limi	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	TOWN (IF or	utside corpoi	rote limits, write f				
RURAL ond give neore Beth			4 days		Mt. Ra			16	16.2		4	
d. NAME OF HOSPITAL	If not in hospital, g	ive street o	oddress)		d. STREET A	DDRESS				0.	IS RESID	DENCE
OR INSTITUTION	Ó 1	TT	1 7		4103 32	nd str	acot.				ON A F	ARM?
	<u>Suburban</u>	HOSD:	ltal		410))~	110 001	. 666				YES 🔲	MOTI
3. NAME OF DECEASED	Fir	si	Middle		Los	1	4. DATE	Moi	r#h	Day	Ye	tor
(Type or print)	Ed	ward	A		C	urtis	DEATH	Decemb)er	9	19	9 58
5. SEX 6.			EDE NEVER MARRIE	ED 8.	DATE OF BIRTI			9. AGE (In years last birthday)		1 YEAR II		
Male	hite	WIDOWE			anuary .	10 18	303	last birthdoy) 65 yrs.	Months	Doys	Hours	Min.
		L							12 CIT	75N OF	WHAT	OUNTRY?
10a. USUAL OCCUPATION during most of working	life, even if retired) IOD.	- I	K II4DOSI		ACE (31010 C	n inieign ce	K. L.				OUNTRIP
architec	t	(Government			West		our-	· U	.3.A		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Doc.	ac				Cer	1-22						
15. WAS DECEASED EVER IN			SOCIAL SECURITY NO	17. 1Ni	FORMANT			Add	ress			
(Yes, do os unknown) (If ye	WW IL	eraste}	NONE	Hos	pital R	ecord						
18. CAUSE OF DEATH	[Enter only one co	use per lin	e for (a). (b), and (c)	1						LINTER	VAL BETY	WEEN
			. 400 40 51		12 -					ONSE	TAND	DEATH
IM	WAS CAUSED BY: MEDIATE CAUSE (o)	SOLAGIGE	W32	6370					- Frans	ned 1	10/2-
#3/X	DUE TO		Ath 11	11				//	11		11	
Conditions, if pny,	which) 1b	Will	MULLY 14	1301	Jerry &	HELLES	mesm	VOT AL	Me		da-	410
gove rise to imm	ediote (. 6	-	7		01	-		*		1
lying couse lost.	under-	11/2	Tie Merch	-111	· MANI	2 191	ALAT.	Ya		Illu	lan	Buch
) (c	OUT WALE	CONTRIBUTING TO DE	A THE DUTE	07.051.4750.75	7.00	141 515545		4654 154 64 67	120	14/45 41	UVOSEV
PART II. OTHER	SIGNIFICANT CON	Dillions C	ONTRIBUTING TO DE	ATH BUT N	IOT KETATED IS	I DE LEKMIT	NAL DISEASI	CONDITION GI	YEN IN PAKI		PERFOR	MED?
	Meller	1	0-12/11/1/	trea	uncer	Just	nce	4 66.8			YES 🔼	NO 🗆
20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	NDERLYING CAUSE OF DEATH	20b DE5	CRIBE HOW INJURY	COURRED.	(Enter noture a	f injury in P	ort 1 or Port	II of item 18)				
	DICAL EXAMINER)											
20c. TIME OF INJURY	Month, Doy, Yes	4	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form,	20f. (City	or town)	(C	County)		(Stote)
20c. TIME OF INJURY Hour o. m.	19	While of wor	Not while	1000	ory, sirees, wither	a month of	'i					
				-58	10	. 13	.= Q = s	58 . 19				
21. I certify that		decease	ed from 122	the same and was the time that	, 19	715 I		' '	,that I I	ast sav	v the d	leceased
alive an12=	-8-58	, 12	, and that	death	accurred at					ne date		
0		\ <u>L</u>					ADDRESS (St	reet, city or lown,	stote)		DAT	TE SIGNED
ACTUAL SIGNATURE	re HV	MIT	coul	M	.D.			12	-9-5	5		
PHYSICIAN'S NAME (Type)					/							
220. BURIAL CREMATION,	22b. DATE THEREC)F	22c, NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town	or (founty)		(Stote)	
REMOVAL (Specify)	12/11.14	76	Mit m	ر ر و	1 Car	1	Ja		li ol	1	Ja	
Dural	1,, - , /	, ,	5/ 14/ 11/2		- 1		- 4					
23. FUNERAL DIRECTOR'S S	en Botens	A Ho	we 6/2/7 6	the	12mm	24a. REC'E	BY REGIST	RAR 246 REG	ISTRAR'S SIG			
DOLAN	77	-	wastro.			DATE DE	(A) 1 3		` 'I ·	1 WAAA	/	



death.



e. IS RESIDENCE ON A FARM?

10

Days

12. CITIZEN OF WHAT COUNTRY?

Brazil

INTERVAL BETWEEN Congenital

Months

YES 🔲 NO 🗗

Yeor

19 58

ACTUAL SIGNATURE

220. BURIAL CREMATION.

Relioval (Specify)

20c TIME OF INJURY Hour o.m.

PHYSICIAN'S NAME (Type) WITT.T.TAM P

226 DATE THEREOF

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f (City or town)

(County)

(Slote)

PERFORMED? YES 🚹 NO 🗀

21. I certify that I attended the deceased from November 28, 1954, tabecember 10, 19,54, that I last saw the deceased 19.50 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED**

The Clinical Center 12-11-58 The National Institutes of Health

Bethesda lh. Maryland 22d. LOCATION (City town, or county)

22c. NAME OF CEMETERY OR CREMATORY

Rio de Janeiro.

23 FUNERAL DIRECTOR'S, SIGNATURE **ADDRESS** 240. REC'D BY, REGISTRAR

0 VS A15 (4) 15M 9/5S

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after death.

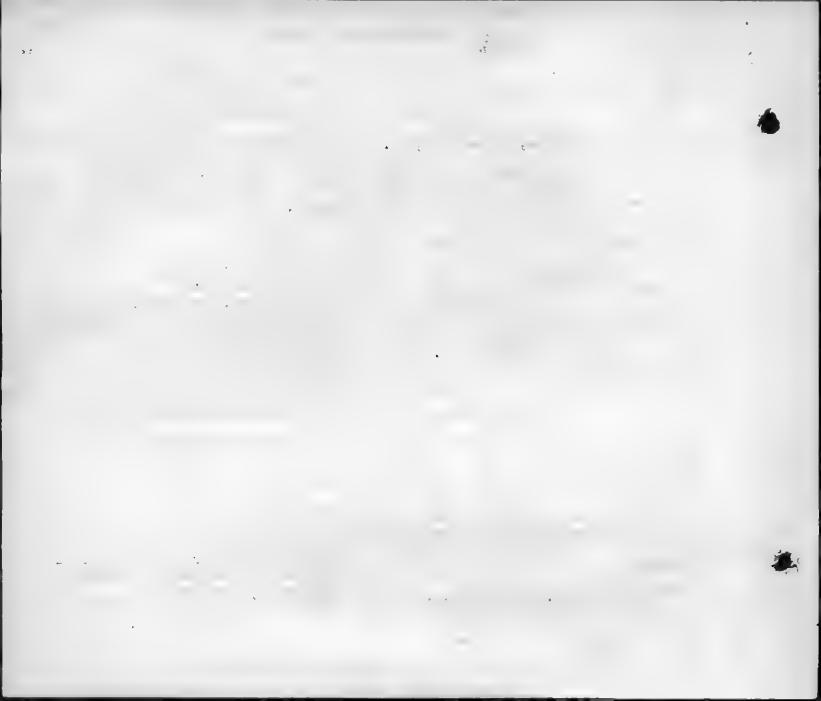
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burial-transit



VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13907

e IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES \ NO \

> > (Stote)

DATE SIGNED

(Stote)

(County)

Dothur S. House

DATE DIE

ON A FARM?

YES INO IN

Yeor

195

Reg. Dist. No.

Months



FOR STATE HEALTH DEPT

necessary, please of criter. Page of respective files. to DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessared the control of the control of the form of

VS. ALSME 5M 2,57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13950 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-										Keg. L	J151, 140.	~
		PLACE OF DEATH					4.1	IDENCE (Y	Vhere deceased			dence befor	re admission)
		Mon	tgomery			MARYLAND	a. STATE	Maryl	and	b. COL		atr	
	b.	city OR TOWN (if and give negres) town)	euts de carparate limits, writ	RURAL .	c. LENGTH O	F STAY IN 1b			autside corpo	rate limits, w			irest fown)
		Garrett 1			DOA		X Gal	rett	Park				
.	d	I. NAME OF HOSPITA	AL OR INSTITUTION (lf moul in hea	spital, give street	address)	d STREET A	DDRESS					S RESIDENCE
2		B & O R R	Crossing				11	.013	Montros	e Ave			YES NO
	3. P	NAME OF DECEASED	Fir	st	Mi	ddle	Lost		4 DATE	М	onth	Doy	Yeor
	- ((Type or print)	Lillia n	Bray	Dye				DEATH	Dec 2	27 198	8	19
	5. 5	EΧ	6. COLOR OR RACE	7. MARRI	EDE NEVER	MARRIED	B. DATE OF BIRTH		9	AGE (In year last birthday)			F UNDER 24 HES
		female	white	WIDOWE	D DIV	DRCED 🔲	2/24/	77		0.7	rs. Months	Days I	Hours Min.
	10a.	. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b 1	KIND OF BUSINE	SS OR INDUS	TRY 11 BIRTHPL	ACE (State	ar fareign cou	entry)	32. CI	TIZEN OF	WHAT COUNTRY?
		housewife	5		Own ho	me	Wa	sh. I	D.C.			USA	
	13.	FATHER'S NAME	D				14. MOTHER'S	MAIDEN I	MAME		- no series and		_
-)		John W.	Bray				Ellen	Spofí	ford				
			R IN U. S. ARMED FO		SOCIAL SECURI	TY NO. 17	NFORMANT			97094	Bellev	ue Dr	1.
		Vo I		1	Vone	tW.	lliston	L. D	ye(son)		sda, M		
		18. CAUSE OF DEAT	N [Enter only one cou	se per l'ne	for (a), (b), and			7				INTERVA	AL BETWEEN AND DEATH
		PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	C	omound	Frectu	re of sk	ם רוני	and			(April)	AND BEATH
И		X/OX	DUE TO		-		s Extrem		Maria Maria			Su	idden
		Canditions, if a	ny, which) (b)					_					
		gave rise to immed (a), stating the c	iore couse		uto str	ick hy	train		,				-
		cause fost.	(c)						NEC / alarma	a 11 amendos Aragonis	-		(PA 1997)
	₹	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INALDISEASE (CONDITION	GIVEN IN PAI		
٤	CERTIFICATION												PERFORMED?
	THE	200. EXTERNAL CAL	SE WAS 20	6 DESCRIB			Enter nature of in						
		CAUSE OF DEATH.		Opera Garre	tor of a	auto st	ruck by	freig	ght tra	in at	B & 0	cross	ing
_	MEDICAL	20c. TIME OF INJUR	2		INJURY OCCUR	RED 20e. PLA	CE OF INJURY (lome, farm	20f (City a	r fawn)	(Co	uniy)	(State)
	MED	12: 27 P. m	12/27	58 White	e Not white	TE RIN	Crossin	g., arc	' Gar	rett P	k. Mo	ntg	Md.
		21. I certify th	at I took charge	of the	remains des	cribed ob	ve, held on	Autops	y 😿 , Ins	pection []. Inqui	ry 🔲.	and in my
			resulted from: 1		-				Homicide [_	elermined	monner	П
		/	1	_					•				bound
		ACTUAL SIGNATURE	Track O-	Bur	nhan	*	M.D. CHIEF M	EDICAL EX	AMINER -			C	DATE SIGNED
4 20							ASSISTA	NT MEDIC	AL EXAMINER		,		
		NAME (Type)	rank J. Br	oscha	rt		DEPUTY	MEDICAL 1	EXAMINER 🔀		12/2	7/ 58	
	22a.		N. 226. DATE THEREC		22c NAME OF				22d. LOCATIO	ON (City, tow	en, or county)	_	(State)
	Bı	utilati (Specify)	12/30/5	8	Arling	ton Na	tional		Arlin	gton,	va.		
		FUNERAL DIRECTOR		D-	ADDRESS	7.7.3			D BY REGISTRA		EGISTRAR S SI		
		Robert A	. Pumphre	:A-Re	inesda,	IVI d.		DATEJA	N 2 '59		Cultum S.	Thank	



filed with



13919

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY q. STATE b. COUNTY Minismury MARYLAND b. CITY OR TOWN (If outsign corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? YES NO 2 NAME OF DATE Middle Doy DECEASED (Type or print) DEATH 1958 7. MARRIED X NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS. last birthday] Months WIDOWED [DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OR BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working tife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: suddlin MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO R 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Not while a.m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X, Inquiry XI, and find that deoth resulted from: Notural causes 13. Accident . Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12-22-**EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER A 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) (State) Blue Ridge Cemetery Thurmont, Maryland Raymond E. Cres ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DEC 2 9 '58 Live all in Through Thurmont, Md.

YOU ٧ń oug Office 00 Exam ECTOP FUNERAL forw 0

VS A15ME(S)





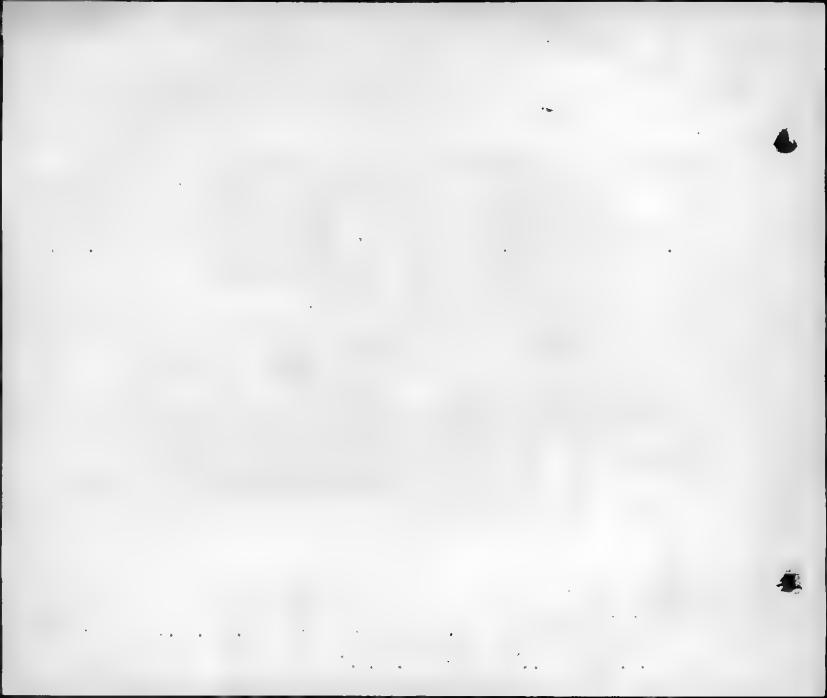
FOR STATE HEALTH DEPT. TO DEPUTY WILLEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the Hiftcate, writing the ward "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the functionary pleases 4 should 1. It wanded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burich-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, at removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

"1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-		Keg. Dist. No.
	1. PLACE OF DEATH O COUNTY	JAL RESIDENCE (Where deceased lived. If institution- Residence before admission)
\mathbb{I}	montgomery MARYLAND 05	maryland county mont
/ [b. CITY OR TOWN (II) us de corporale himits, with RUPAL C. LENGTH OF STAY IN 16 C. C.	CITY OR TOWN (If pyride corporate limits, write RURAL and give nearest town)
	Jakoma Park	Silver Spring
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) , d. 5	STREET ADDRESS
7	Wash, San & Hosp 1/2	1621 Heach Orchard Rd MESTONO
	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
	Type or print) Donald Walter-teld	64.56 DEATH 12 / 1958
	5. SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE C	husbeford management
	male whowed by divorced a	721-1988 Tyrs. Months Doys Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11.) during most of working life, even if refired)	RTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Gen.& Production Mgr. Rex Engraving 16	lizabeth n. Jersey U.S.A.
1		THER'S MAIDEN NAME
1	John Walter Joldbush M	Pary C. Mock
	15/TWAS DECEASED EVER IN U. S. ARMED FORCES? [16 SOCIAL SECURITY NO 17. INFORMA [19] no. or unknown) [31 yes, give wor or dates of service]	NT Address
	mrs mrs	1. Rosa Lee Jeld bush (wile)
1	18 CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c)]	INIEPVAL BILWIEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
1	420.1 DUE TO	
1	Conditions, if ony, which to gove rise to immediate couse	
	(e), stating the underlying DUETO	
	ceuse lost. (c)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES □ NO ☑
	206 EXTERNAL CAUSE WAS EMBARY Der CONTRIBUTING D CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enfer neit)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF IN	DURY (Home, form, 201 (City or lown) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF IN While Not while of work of work of work	t, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ld on Autopsy . Inspection , Inquiry , ond in my
1	opinion death resulted from: Natural couses , Accident ,	ivicide , Homicide , Undetermined monner
1		
	SIGNATURE Frank 1. / Sure hout MO	CHIEF MEDICAL EXAMINER
1		ASSISTANT MEDICAL EXAMINER
	NAME (Type) FLANK J. Broschart	DEPUTY MEDICAL EXAMINER 2 /2-1-53
1	270. BUR AL CHIMATION 275 DATE THEREOF 220 NAME OF CEMETERY OR CREMAT	(3-0.0)
	12/4/58 Ft.Lincoln Cem	The state of the s
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash LD	C. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	The S.H. Hipes Co. 2001 Uith St. N'W"	DEC 4 58 C Short & House



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13268

CEDTIEICATE OF DEATH

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tin.		4	10000	CERTI	ICAI	L OI DEAII	•	Reg. Dis	I. No.
	1. PLACE OF a. COUNT	///11	omev	MARYL	11	USUAL RESIDENCE (Who o. STATE		. If Institutions Residence b. COUNTY	e before admission)
V	b CITY OF	R TOWN (If outside Corpored give neores) town		c. LENGTH OF STAY II	N 1Ь	c. CITY OR TOWN (H o	3	mile write RURAL and gi	ive nearest town)
	A WILLIAM	OF HOSPITAL (IF not in	(1	111	sb	d. STREET ADDRESS	Harva	rd ST	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or p	rint)	Hend	Y/X Middle	41/1)	FEITON	4. DATE OF DEATH	Month /2 -	Day Year // 19.6
	5. SEX /770	le 6. COLOR		ARRIED NEVER MARRIED		ATE OF BRY21/7	9. AG fort		Doys Hours Min.
	during m	lost of working life, even	of work dane 10 if retired)	Ob. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY
	13. FATHER'S	C0496-	Fel	Ton		MOTHER'S MAIDEN N	IAME	teath	,
	15. WAS DEC	EASED EVER IN U. S. AI	RMED FORCES?	6 SOCIAL SECURITY NO.	17. INFO	Tosp:		Pecord	5
		SE OF DEATH [Enter of ART I, DEATH WAS CAL IMMEDIATE	JSED BY:	Cenebra	L Eu	celohali	pathy		INTERVAL BETWEEN ONSET AND DEATH
		20, / lions, if any, which)	DUE TO (b)	Generaliz	id a	starioses	Perosis	and	10 yra.
	cause (c	rise to immediate (a), stating the <u>under-</u> ovie last.	DUE TO (c)	Uremia	1 - a	ed corone	ny cel	crosis.	
7	CERTIFICATION OR CON	'ART II OTHER SIGNIFIC	ANT CONDITION	is CONTRIBUTING TO DEA	TH BUT NO	FRELATED TO THE TERMI	NAE DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
		TOPENT WAS UNDERLYING TRIBUTING TO CAUSE OF R. NOTIFY MEDICAL EX	P-BEATH!	ESCRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in f	Port I or Part 11 of	item 18.)	
		OF INJURY Month, ur o. m. p. m.	Whi		foctory	OF INJURY IHome, form, street, office bldg., elc	, 20f. (City or to	wn] (Co	ounty) (State)
	21. I c	ertify that Latten	ded the dece	ased from 4-2	3.=	. 1939, to 12	2-11	, 1953that I k	ast saw the deceased
	olive o	on 1,2 -	<u> 10 , 19</u>	252, and that	death oc		AM, from the		e date stated above
	ACTUAL SIGNATU	IRE THEX	hsen	abula	N.D.	8005	Woodb	ury Drive	<u> </u>
	PHYSICI/ NAME (T	[ypo] / } (U) &		Mor. M.D.		Silv	er Sp	ring, M	lary land-
	burial,	affective 12/	15/58	Cedar Hil		metery	Suitla	nd, Md.	(Stale)
		.H. Hines	Co. WE	901 全性的 Stashington S	. N.		D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
			-			ÜE	(1 5 58	C . G . S.	Tunus

may be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shaufd be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. ofter death,' Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55



CERTIFICATE OF DEATH

13914

13954

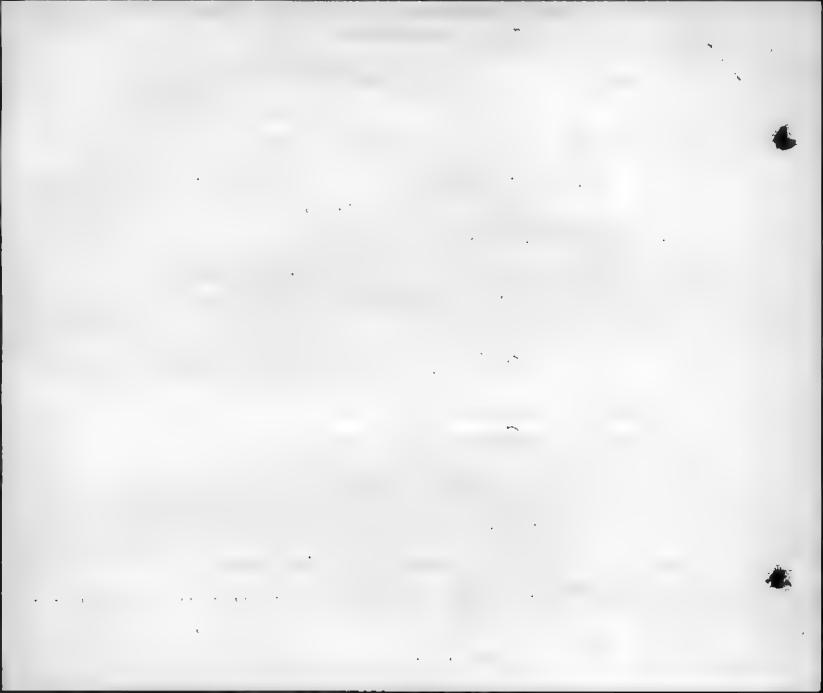
Dam Disk Ma

*					MAN. DIST. 140	<u> </u>
	1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Viarviand	b. COUNTY		
		e LENGTH OF STAY IN 16		utside corporate limits, write l	WKAL and give ne	arest town)
,	d NAME OF HOSPITAL (If not in hospital, give street and 4864 Wellington Drive	kdress)	d. street address 4804 Wellin			e. 15 RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) WINFRED F. FI	Middle EREDAY	Lost	4. DATE Mor OF DEATH Dec. 22		Year 19
	5 SEX Male White WIDOWED	DIVORCED	8 DATE OF BIRTH Oct. 12, 189		Months Days	Hours Min
1	10a. USUAL OCCUPATION (Give kind of work done 10b Kind during most of working life, even if retired) Ret Electrical Eng.	IND OF BUSINESS OR INDUS	Pennsylva	or foreign country) Nia	US CITIZEN C	OF WHAT COUNTRY?
1	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME		
J	Thomas Fereday		Sara J. I	McKenzie		
	(Yet-sole or unknown) . Iff we may wor or date of service)		nformant uth E. Fered		dress	
	18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) DUE TO	for (a). (b). and (c)]	mbosis			ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	orial hy	herension,	malignos	it 1	6 grs.
3	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GI	VEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFIONAL CONDITIONS CO	HE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Part 1 or Part II of Item 18.)	133	YES NO V
	E V V V	URY OCCURRED 20e. PLI	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	(County)	(Stole)
	21. I certify that I attended the deceased alive an 200 2 2 195	_9 4		PM, from the causes	and on the da	ite stated above.
1	SIGNATURE Thomas A. Wi	ldman	MD 3729Mor	ADDRESS (Street, city or town,	LISDE	12-21-5
1	PHYSICIAN'S Thomas A. Wild			n St., N. W., V		
	PSMOVAN (Specific) 4 O / O Z / C O	Odd Fellows	R CREMATORY	Tamaque, Pe		(State) nia
	23. FUNERAL DIRECTOR'S SIGNATURE Robert A Pumphrey-Bethe	ADDRESS esda, Md.			STRAR'S SIGNATU	

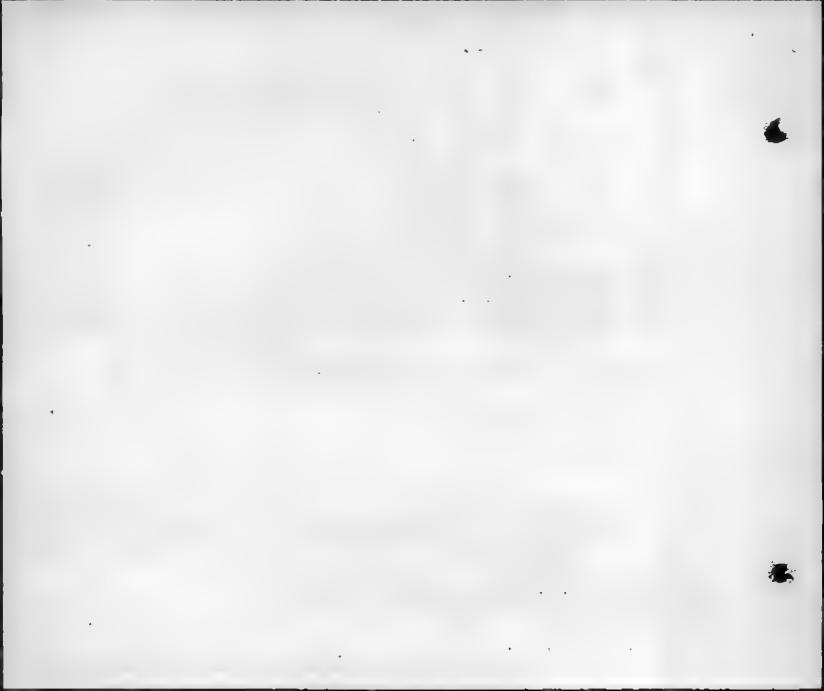
may be relayed by the hospital or attending physician.

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VS A15 (4) 15M 10/57



death.

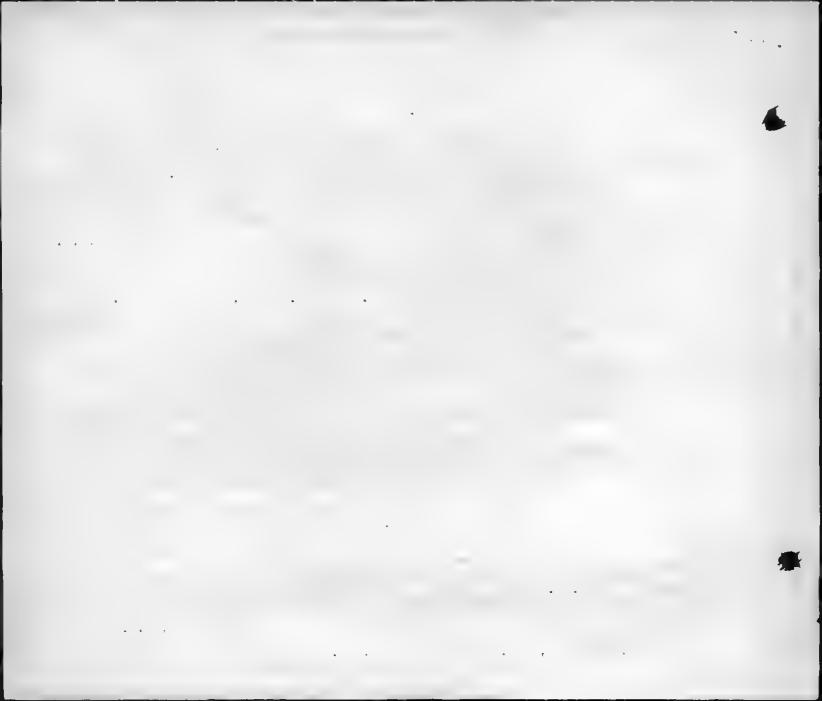


L		20000	CERTIFI	CAIL	OF DEA			Reg. Dist. I	Yo.	
1	PLACE OF DEATH G COUNTY MON	rgomer i r	MARYLA	ND 2 US	JAL RESIDENCE	(Where decease	d lived. If institution b. COUNTY		efore admis	
	b. CITY OR TOWN (If outside RURAL and give nearest to SILVE)	corporate limits, write wn) R SPRING	c. LENGTH OF STAY IN	lb c.	_	(If outside corpo	rote limits, write R	URAL and give	nearest faw	n)
	d NAME OF HOSPITAL (If n		address)	d	STREET ADDRESS				ON A	SIDENCE A FARM? NO 24
3	NAME OF DECEASED (Type or print)	ELIZABE	TH HAYES	3 1	REAS	4. DATE OF DEATH	DEG.		Day 25	Year 19 ⁵ 8
5		IOR OR RACE 7. MARI	RIED NEVER MARRIED ED DIVORCED	0 /0	OF BIRTH 9/62		9. AGE (In years lost birthday) 96 yrs.	Months Doy		ER 24 HRS Min.
E.	60. USUAL OCCUPATION (Given during most of working life KKNAKEK (HOME)	even if retired)	KIND OF BUSINESS OR I		ENGLA	ND	ountry)	12. CITIZEN	U.S.A	
1:	3. FATHER'S NAME EDWARD HAY	ES		14 A	ANN DOW					
	S. WAS DECEASED EVER IN U Yes, no or unknown) (If yes, gr	S. ARMED FORCES? 16.	SOCIAL SECURITY NO NONE	Mrs. I		Clark,	714 Easl	ley St.		
	Conditions, if any, wh gove rise to immedicause (a), stoting the und lying couse last.	CAUSED BY: DATE CAUSE (o) Ch OTE DUE TO CC) CC)	TENERAL	1280		TER 10	SCLER	20515	20	yrs
CITA DISTRE	200 ACCIDENT WAS UND	RLYING 20b. DES	CRIBE HOW INJURY OCCU					'EN IN PART \{o	PERFO	AUTOPSY ORMED?
	(IF EITHER, NOTIFY MEDICA 20c, TIME OF INJURY Mon Hour a. m. p. m.	th, Day, Year 20d II White	NJURY OCCURRED 200 k of work	e. PLACE OF factory, str	INJURY (Home, i	form, 20f. (City etc.)	or town)	{Coun	ly]	(State)
	21. 1 certify that I a alive on/ 2/ ACTUAL SIGNATURE	tiended the deceas	Autoritation,	ath accur	9013 FZ	ADDRESS (SI	n the causes of treet city or town.	ind on the (saw the date state	decease ed abav ATE SIGNI
	Lawrence (TAbe)	. B. SNOW			SILVE	e Son	106,1	70.	*	
2	DEMOVAL (Speciful	. DATE THEREOF 2/27/58	CLENWOOD GEN	ETERY		WAS	SHINGTON,		(Stot	le)
2:	FUNERAL DIRECTOR'S SIGN	THEY, INC.	SILVER SPR	ING, M	10 a 240. R	DEC 2 9	RAR 246 REGIS	trap's signa	79R97	

TO HOSPITAL BY CITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharld be filled with the registrar prior to burial, cremation, at remaval, and in any event within 72 hydrs after death.

VS A1S (4) 15M 9/SS



7

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay fexecute 19 execute 19 gentificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the fune 4 should provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for TO ILLIERAL DIRECTOR: Page 3 should be med as a burial-transity permit. File pages, 1, and 2 with the State Bod an its designated agent, prior to burial, crematian, or removal, and is any event, within 72 bours after death.

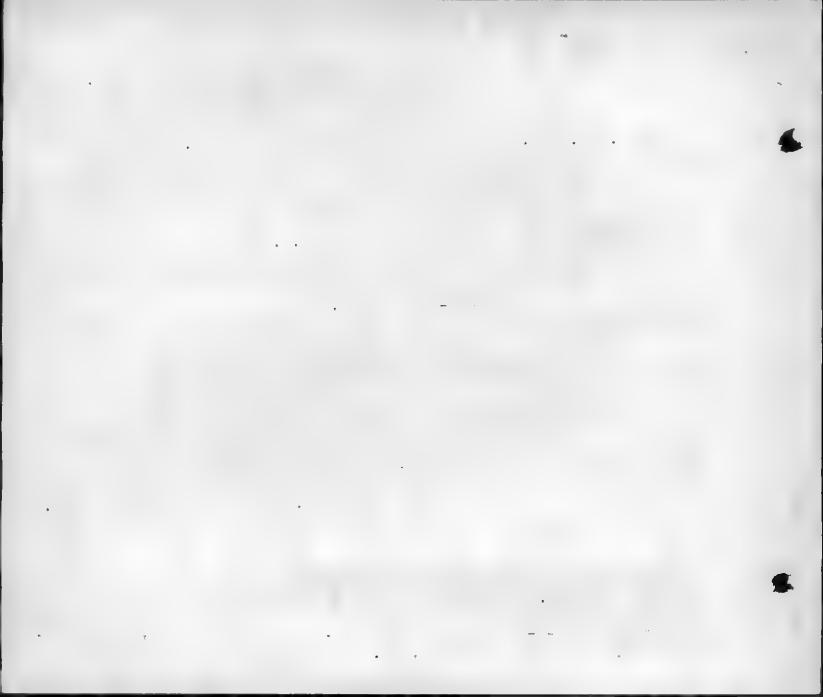
VS. A15ME BM 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1	3	9	1	8

アカウカ金				Reg. Dist.	No.
PLACE OF DEATH MONTGOMERY	MARYLAND	O STATE Mary	Where deceased lived If in b. COU		
b. CITY OR TOWN (1 outside corporate firmits, wir to AURAL and give macres) Oliney	5 days		outside corporate l'mits, w	rile RURAL and g	ve nearest fown)
Montg. Co. Gen.	ital give street address)	d. street address 9915 Holn	hurst Rd.		e IS RESID NO
NAME OF DECEASED (Type or print) Stella Long	Middle Fuq u	lay	4. DATE MOF DEATH DE		Doy Year 958 19
female 6. COLOR OR RACE 7. MARRIED White WIDOWED		8/7/97	9. AGE (In year fact to etholog) 61 y		EAR IF UNDER 24 1
00. USLAL OCCUPATION (Give kind of work done 10b. Kill during med of working life. I'ven if retired)	ND OF BUSINESS OR INDUSTE	17. BIRTHPLACE (Slote N.C.	or foreign country)	USA	OF WHAT COUN
13. FATHER'S NAME Sidney Long		14. MOTHER'S MAIDEN E	Poythress		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI (Yet. no. of unknown) (If yes, give wor or dates of service) 240		FORMANT OSp. Recor	Addi	ress	transmin tangang gy
gave rise to immediate cause (a), stating the underlying cause last. (c) (c)	Pulmonary T	t hip			Sudden 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT NO HOW INJURY OCCURRED. (Er			GIVEN IN PART I(PERFORMED? YES NO
20c. TIME OF INJURY 4:00 o. m. 12/24 19 58 While of work 21. I certify that I taak charge of the re opinion death resulted fram: Natural co	emains described abov	ry, street, office bldg , etc. ron San. re, held an Autaps: A, Suicide [], I	Olney K, Inspection [tomicide [], Under	Montg Montg , Inquiry etermined ma	Md. and in a
EXAMINER'S Frank J. Brosc		ASSISTANT MEDICAL EX-	AL EXAMINER	12/31/	58
20. BURIAL CREMATION 275 DATE THEREOF REMOVAL (Specify) 11181-Transit 1-1-59	Chapel Hill	cem.	22d LOCATION (City, tow Chapel Hi		(Stole)
ROBERT A. PUMPHREY Be	thesda, Md.	24a. REC'I	and the	EGISTRAR'S SIGNA	



FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

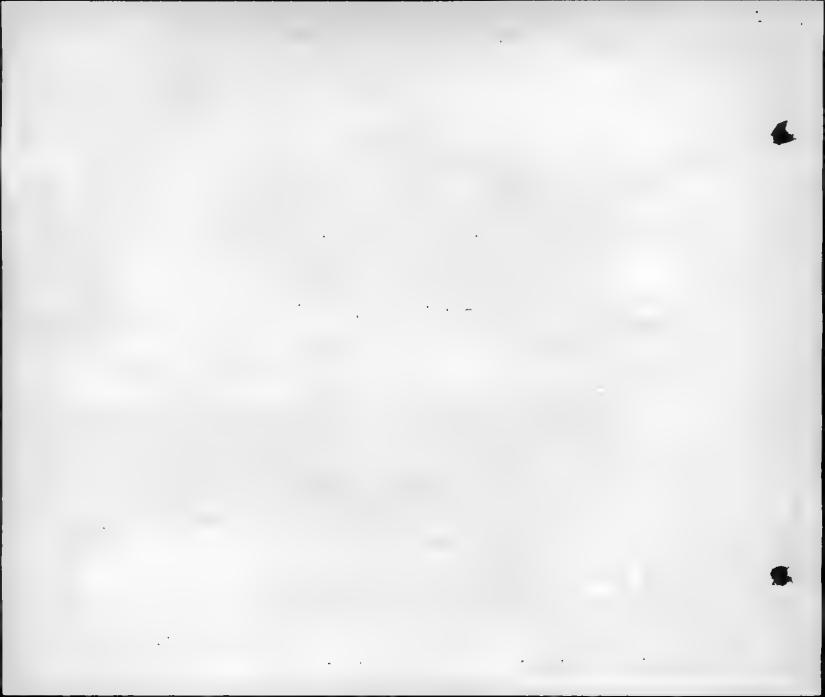
IMORE, 18 13919

Reg. Dist. No

13869 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13869	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH
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1, PLACE OF DEATH G. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
manyland MARYLAND	6. COUNTY TO TO TO
b. CITY OR TOWN () outside corporate limits, finite RURAL c. LENGTH OF STAY IN 16 and give nearest touch)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest fown)
Takoma Park, md DOA	Fallyour Springs
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d STREET ADDRESS . IS RESIDENCE
Wash, San + Hosp,	10609 Edge wood are, VES NOTA
3. NAME OF First Middle Middle	Lost 4. DATE Menth Day Year
(Type or print) 9.05C.Dh. Thomas	aaiser DEATH 12 29 1958
The Principle of the Control of the	DATE OF BIRTH 9 AGE IN years IF UNDER 14 AR IF UNDER 24 HE
m. Wh WIDOWED DIVORCED	2-22-06 52 yrs Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of work no life, even if retired) POL. Electric Pol	(RY 11. ARTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
Engine expraftsman PEPCO	Jide lister la US.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
mr. Frederick Vaiser	mrs. may 4 Britton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (19 yes, give way or defeat of service)	NFORMANT Address
ues 1943 577-05-0707 7	Mrs. Gaiser Same as obores
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY COMMANDIATE CAUSE (a)	clusion sudden
420./ DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate couse (o), stating the underlying DUE TO	
couse fast. (c)	
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT T	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	wal yes, YES NO IX
20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED I	inter nature of July in Port I or Port II of Item 18.)
	V
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour e, m. p, m. 19 While Not while of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
21. I certify that I took charge of the remains described obo	we, held on Autapsy
opinion death resulted fram: Natural causes 🙀, Accident	. Suicide . Hamicide . Undetermined manner
A a	DATE SIGNED
SIGNATURE Trush J. Brischart	M.D. CHIEF MEDICAE EXAMINER L.I
EXAMINER'S +	ASSISTANT MEDICAL EXAMINER
I I blesterie - 1 / / fill bl. 17 - / / / fill on o / 1 . A	
INAME (Type) FLANK J. 13108Chart	DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)	
220. BURIAL CREMATION. 226 DATE THEREOF REMOVAL (Specify) BURIAL 12/31/58 GLENWOOD CEMET	CREMATORY 228 LOCATION (City, lown, or county) (State) WASHINGTON D. C.
220. BURIAL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 228 LOCATION (City, lown, or county) (State) WRY 240. REC'D BY REGISTRAR 226 REGISTRAR'S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recessary, please execute the Paintine, writing the ward "pendine" in pendil in the 18. Give llages 1, 2, and 3 to the funeral action. Page 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files. The FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board-off Health, at its designated agent, prior to burial, cremation, or remayal, and in any event-within 72 hours after death. VS A15ME 5M 2/57



necessary, please friction. Page our files. Board of Health.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

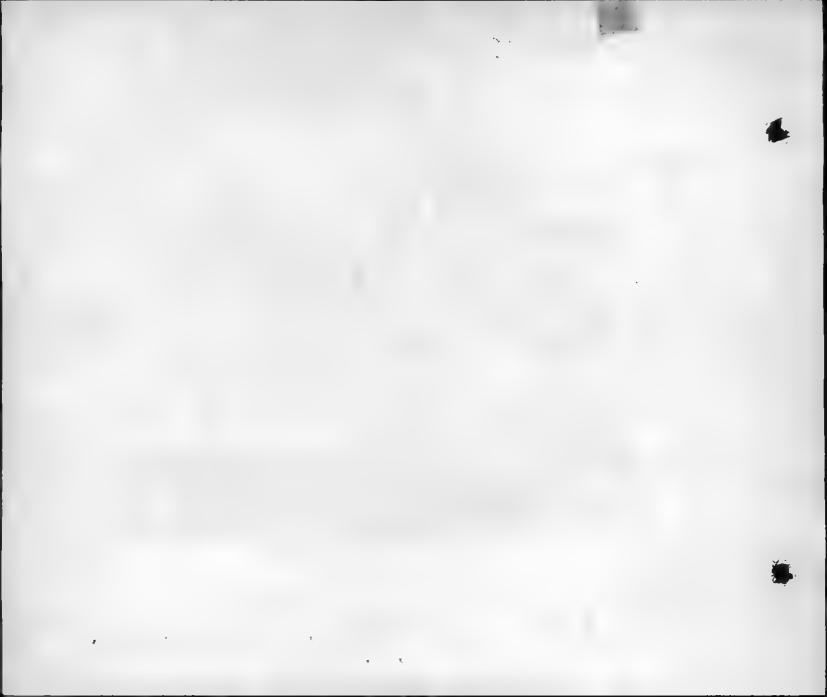
13920

13052 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	U	J	-
Dist	Mo				

		19399		Reg. Dist. No.
*		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased live	ed. If institution: Residence before admission)
>-	٥	COUNTY MINTERONIEN MARYLAND	o STATE MA	6 COUNTY 12 mts
1	Ь	. CITY OR TOWN IN autside conforcte I mils, write R. PAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	Jimits, write RURAL and give hearest town)
		Selection Streets 3 7 cm	- Dilien De	De a series
	d	NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS REJIDING
0		14701 Book Hope Rd	14701 you	el Note Ref YES NO G
		NAME OF First Middle NECEASED Type or print)	tost 4. DATE OF DEATH	Month Doy Year 1953
	5. 5	Charles Salve	vice -	GE the years IF UNDER TYEAR IF UNDER 24 HE
	J. J	MIDOWED DIVORCED .	5-23-1880	hirthday) Months Days Hours Min.
\	100	USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	9 - 9 - 9 - 1 /	12. CITIZEN OF WHAT COUNTE
'	d	uring most of working life, even if retired)	L/	
1	10	latorer	14	4.5 4.
*	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Charle your free	Julia Bud	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN no. or unknown) [17] (If you, give wor or dates of rety co.)	FORMANT	Address
			has meduen (son) Jen 2
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	*	INTERVAL DETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	clission	Court des
		put to		and took
		Conditions, if ony, which) (b)		
		gave tise to immediate couse		
		(c), stoting the underlying (c)		
	7	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CON	
1	ATIO			PERFORMED?
	5	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (En	ster pature of injury in Port I or Port It of ite	
	CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		+4.,
	3	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 20f. (City or to	wn) (County) (State)
	MEDICAL	Hour e, m, While Not while tocto at work of work	ry, street, office bldg., etc.)	
	~	21. I certify that I took charge of the remains described above	e held an Autansy I inspe	ction A. Inquiry A. and in m
		opinian death resulted fram: Natural causes 🔀, Accident L	_i, Suicide [_], Haimicide [_].	Undetermined manner
		ACTUAL FOR 10 BONDES &	CHEE MEDICAL EVALUATES (T)	DATE SIGNED
,		SIGNATURE STRUK Y- STONE MORE	_M.D. CHIEF MEDICAL EXAMINER	
2		EXAMINER'S FLANK J. Bruschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12-9-58
	220	BURIAL, CREMAT ON, 226 DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 22d LOCATION	(City, town, or county) (State)
		Shipped 12/10/58 McClain Funer		ngton, West Va.
	23	ADDRESS	24. DECID BY DECISION	246 REGISTRAR'S SIGNATURE
	1	I Language Rockville, Ma.	• DEC 1 2 '58	
	Y	Contract of the second of the	• DEC 1 2 '58	Called & House

TEDEPUTY MERICAL EXAMINER: This certificate should be executed within 24 hours after denth. If any delay is rexecute the conficate, writing the word "pending" in pencil in Item, 18. Give Poges 1. 2, and 3 to the funeral 4 should be confident of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, cremotian, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13959 CERTIFICATE OF DEATH

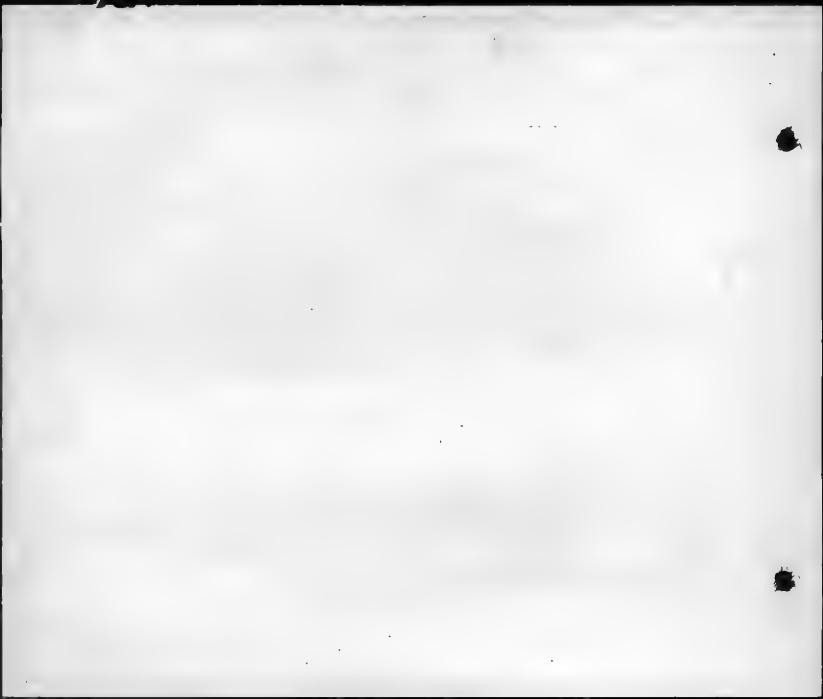
	20000			R	eg. Dist. No.						
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institutions	Residence before admission)						
	11644gowery	MARYLAND	O. STATE WOO L B COUNTY D.C.								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If o	outside corporate limits, write RURA	AL and give nearest town)						
	Reusing ton	6 who		è+)	x = 3						
	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION	*	d. STREET ADDRESS	1 0/	e IS RESIDENCE ON A FARM?						
	Kensington Gardens Sanita	rium	1816 Up	shup 36. 1	V.W. YES NO						
	3. NAME OF First	Middle	Last	4. DATE Month	Day Year						
	(Type or print) [18 c 9 8 cet	Yours	Cocorge	DEATH / 2_	- 16 195°F						
	5. SEX 6. COLOR OR RACE 7. MARRIE	UNDER 1 YEAR IF UNDER 24 HR5 onths Days Hours Min									
	WIDOWED WIDOWED		aug. 28, 18	17 84 yrs.							
	10a USUAL OCCUPATION (Give kind of work done 10b. Kill ouring most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY INTERTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRY?						
\	HOUSEWIFE /	4T HOME	Oh	10	U.S.A.						
j	12/1/1/10/10	NCC	14. MOTHER'S MAIDEN N	CLOST T	20100						
	15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO	OCIAL SECURITY NO. 117.	NFORMANT	GAVEL S	ONES						
	(Yes no of unknown) (If yes, give war or stotes of service)	NONE OF	ive & Bris	Jeman ne	w Maxie						
	18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b) and (c).]	00.	0	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	yestere le	earl Kan	liera	LLEA						
	4 a 1.0 DUE TO 1	2 - 0	4. W	20.							
	Conditions, if any, which) (b) and										
	gave rise to immediate couse (a), stating the under-										
	lying cause last. (c)	sera yea	1 arlono	scleren	10 700						
)	FART II. OTHER SIGNIFICANT CONDITIONS CO.	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19, WAS AUTOPSY PERFORMED?						
		/	D (Enter nature of injury in P	Port Lor Port II of Jam 18)	YES NO 7						
	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TO THE OCCURRENT	cand notice of injury in t	or for fair it of field to.)							
			ACE OF INJURY (Home, form, tlory, street, office bldg., etc.	20f (City or town)	(County) (Slote)						
	Hour c. m. 19 While of work	TAOL WINE	7	'							
	21. I certify that I attended the deceased	from Oel	195° 8, 10 ×	Ree (6 195 P1	hat I last saw the deceased						
	alive on 12/16/19/1951	and that death	occurred at 10:30	AM, fram the causes and	an the date stated above.						
	001	1	200	ADDRESS (Street, city of town, slat							
	ACTUAL SIGNATURE	7 /	M.D. 1852	. (6 = 50	1. NW 12/16/51						
	PHYSICIAN'S NAME (Type) ALE KORUZ	Lburg	600	le 12 DC							
	270. BURIAL, CREMATION, 276. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	27d LOCATION (City, lown, or co	OUNTY LLEG ASIGNAN C						
	SHIP XX 12-16-38 10	UNION DAI	JE CEM A	MITSBURGH	PA.						
	23. FUNERAL PIRECTÓR'S SIGNATURE	ADDRESS 14 CM	- " " "		AR'S SIGNATURE						
	MU. VOI 6 1 121 13 - 3 - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 / M T. m a tre]	-0.7 2 M DE	V 655 A						

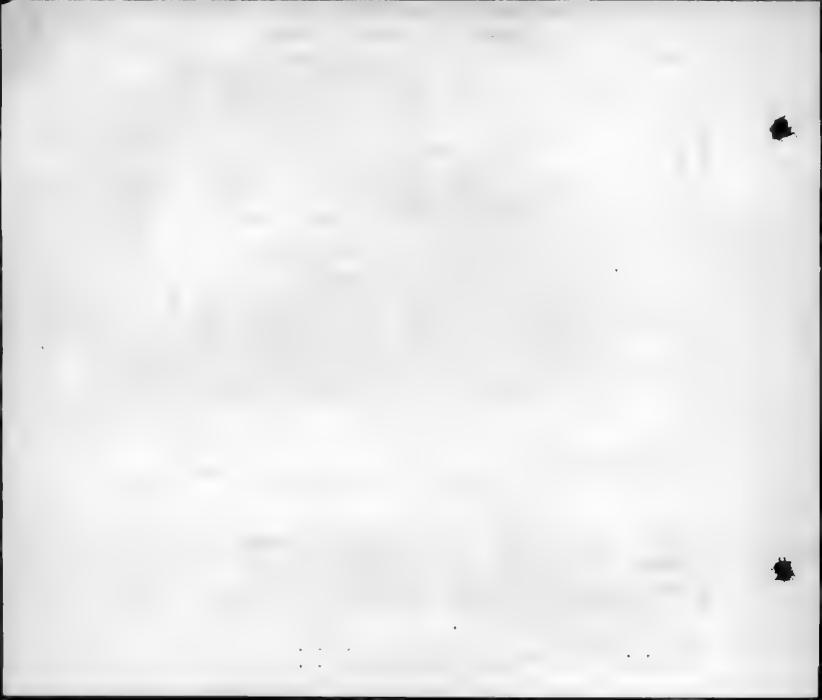
e funeral director, er death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL CIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death contificate be executed within 21 hours TO HOSPITAL

VS A15 (4) 15M 10/57

Same of the same o





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12070

CERTIFICATE OF DEATH

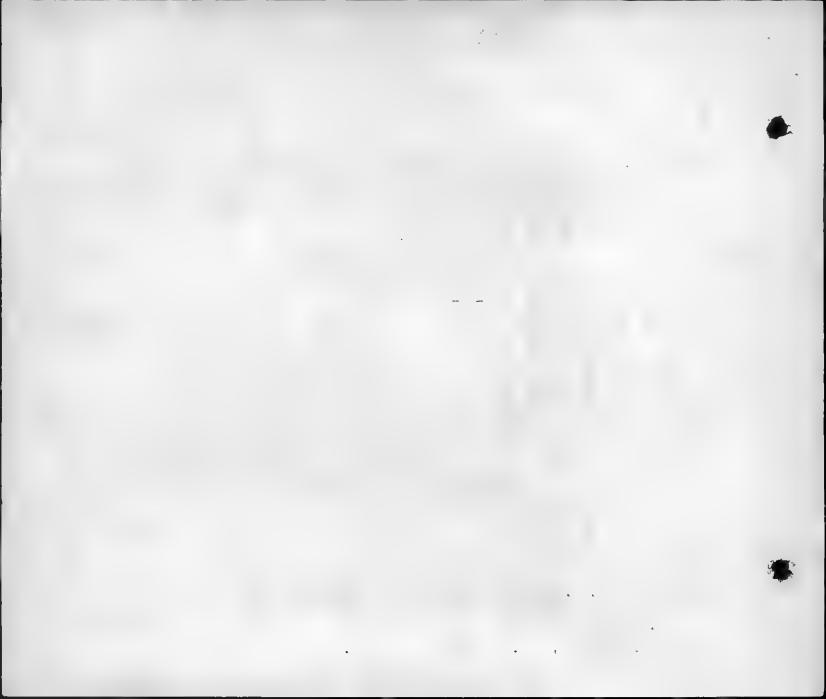
13923

L	1.0000	CERTIFICATE OF	DEATH	Reg. Dist. N	0.
1.	PLACE OF DEATH O. COUNTY TO DIA DIMENIA	MARYLAND 2. USUAL R	FIDENCE (Where deceased lived	b. COUNTY	fore admission)
-	RURAL-and give negrent town) /	weeks city of stay in 16	Ver Sorie	mits, write RURAL and give f	ebrest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION VAS NING LAN SANIAVIUM	of Hospala 7	ADDRESS DE LA PO	# BJ	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Carbin 91	Last 4. DATE OF DEATH	Month (Pay Year 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED 8. DATE OF B	T18-98 9. AC	GE (In years IF UNDER I YEA Months Days yrs.	Hours Min
10	o USUAL OCCUPATION (Give kind of work done 10b. KIND of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTI	17 1 S.S. O.U.V.	10	OF WHAT COUNTRY?
13	GIVEL PLASGEW	14 MOTHE	r's MAIDEN NAME	rbin	
15	WAS DECEASED EVER IN U. 9. ARMED FORCES? 16. SOCIAL FOR UNION OF A STATE OF THE STA	7-3702 HCSD	Tal Rec	Address C LC & S	
	18. CAUSE OF DEATH [Enter only one cause per line for (co. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	o), (b), and (c).] ONIC MYELOG	ENOUS LEUF	(EMIA OF	TERVAL BETWEEN
	Conditions, if ony, which (b)				
1	gave rise to immediate couse (a), stating the under lying couse lost. DUE TO				
CERTIFICATION	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED		VDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
		FOW INJURY OCCURRED. (Enter natur			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY of Hour a.m. p. m. 19 of work at	OCCURRED 20e PLACE OF INJUR foctory, street, el	Y (Home, form, 20f (City or to fice bldg., etc.)	wn) (Count	y) (State)
	21. I certify that I attended the deceased from the alive an 1958	, and that death accurred		, 19.52that I last	
	ACTUAL L. B. Sno	M.O	ADDRESS (Street,		DATE SIGNED
	PHYSICIAN'S L. B. SNOW		SILVER SPR.	NG, MD.	
2.	REMOYAL (Specify)	name of cemetery or crematory VOODLAWN CEMETLRY		(City, town, or county) LLS, SOUTH DA	(Stote) KOTA
27	TUNERAL DIRECTOR'S SIGNATURE INC. SIL	DORESS SPRING, MD.	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNAT	

funeral director. TO ECSPITE OR ATTENDING PHYLICIAN: The low requires that the dame certificate be executed within 28 hours ofter death. Page 4 may be retorned. The hospital or attending physician.

TO EUNERAL I TOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

M



CERTIFICATE OF DEATH

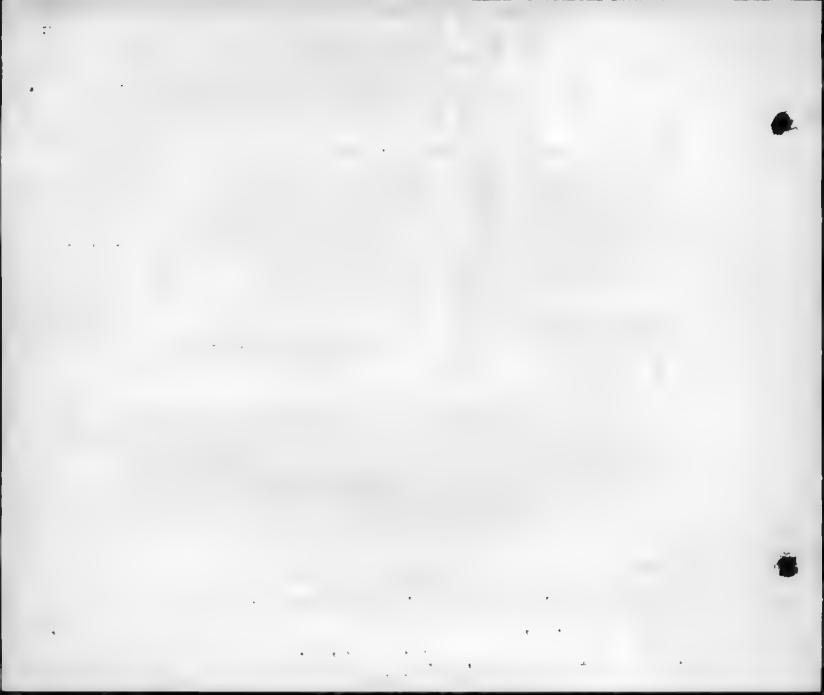
			-	Reg. Dist. No.
1. PLACE OF DEATH 5. COUNTY	MARYLAND	o,_STATE	ere deceased lived. If institution b. COUNTX,	n Residence before admission) nesterfield
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Virginia	Ulside corparate limits, write RU	IPAL and give amorest fown)
RURAL and give neorest town)	355 days		onde corporate minis, write no	YAT ONO BLAS HERITAIN IONNI) A
d NAME OF HOSPITAL (If not in hospital, give street		Ghester d. STREET ADDRESS		e IS RESIDENCE
or institution The Clinical Center. Bet	thesda lh. Md.		30x 284	ON A FARM? YES NO TO
3. NAME OF First DECEASED	Middle	last	4. DATE Monti	h Day Yeor
(Type or print) Tazzy	Otis	Goad	DEATH Decer	mber 16, 1958
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	ED DIVORCED	March 10, 1	1943 lost birthdoy)	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTR
	None	Virginia		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Elmer Otis Goad		Viola Tott		
15. WAS DECEASEDEVER IN U. S. APMED FORCES? 16 (Yes, no. or unknown) (Iff yes, gave wor or dorse of service)	SOCIAL SECURITY NO 17. II	NFORMANT The Med:	ical Record Addre	195
	None Th	he Clinical Co	enter, Bethesda	a 14, Maryland
18. CAUSE OF DEATH [Enter only one couse per lin				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	whase no	isopharyax.	brunchi, lon	ONSET AND DEATH
1 . 11 2		- 30 h wor 1 July	ANTONICION TO N	72
11.	.to 1	1. 4	I to a constant	
Conditions, if any, which (b)	ni c Awb	MOCYTIC	Leukemia	
couse (o), stating the under-		•		
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
ICA I				YES 🚰 NO 🗌
200 ACCIDENT WAS UNDERLYING DOBO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18)	
	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	206 (City or hour)	10
Hovr o. m. While	Not while for	tory, street, office bldg., etc.	Zor. (City or fown)	(County) (State)
			1	
21. I certify that I oftended the decease	ed from December	26 , 19 <u>57, to Dec</u>	cember 16, 1958	that I last sow the decease
olive on December 16 19 1	$58_{}$, and that deoth	occurred ot 4:20 A	M. from the couses or	nd on the date stated abov
0.10-	- i -+- ()		DORESS (Street, city or town, s	
SIGNATURE CITALIA I C	انطاحاتاها	The Clinic	cal Center	12 -16-58
	TXA	The Nation	nal Institutes	
PHYSICIAN'S Arthur T. Teplit	zky, M. D.	Bethesda		
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY OF		22d LOCATION (City, town, or	country (Co. 1.)
Burialispecify) Dec. 18, 1950	8 Bland		Petersburg	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Col. He	ichte 1/240. REC'D	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
E. Alvin Small Funeral Ho	me, Inc.	DATE D		other S. Kraua
	•	with		Actual ST - A RESIDENT

Page 4 in by the uneral director, and 2 should be filed with Equires that the Beath certificate De exequted within 24 hours of may be retains the haspital or attending physician.

TO FUNERAL DIRECTER: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 of the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. ATTENHED INVSICIAL: The fow

h

TO HOSPITAL OF VS A15 (4) 15M 10/57



22c. NAME OF CEMETERY OF CREMATORY

CEMETERY

24g. REC'D BY REGISTRAR

T. HEBRON

+ SONS- 3501-14Th

(State)

(State)

24b. REGISTRAR'S SIGNATURE

shauld O HOSPITAL FUNERAL (C) 0

death.

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION,

BURIAL

REMOVAL (Specify)

22b. DATE THEREO!



may be o

VS A15 (4) 15/A 9/SS

	#			
100	J.			
		-	-	
	Æ.	d		
4	-			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 12.7.14 FilmC237 1-15-59 et CERTIFICATE OF DEATH

13926

	1390	15			-		Reg. Dist.	. No.	
1. PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. 0	JSUAL RESIDENCE (Whe	ere deceased	lived. If institut b. COUNTY	ioni Residence Princ	before odmission) ce Georges	
b. CITY OR TOWN (IF RURAL and give nec Gaithers		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If au	ulside carpor	ote limits, write f		ve nearest (awn)	
	Rest Home	oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Mattie	Middle	(rant'	4. DATE OF DEATH	Dece.	mber	7 1958	
s. sex fem.	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED DE NOVEL DIVORCED	B. DA	TE OF BIRTH		9. AGE (In years lost birthday) O'+ yrs.	Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.	
during most of working	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU		. "U.S	.A."	untry)	12. CITIZ	EN OF WHAT COUNTRY	
13. FATHERS NAME			14	. mother's maiden n Unkn					
15. WAS DECEASED EVER (Yas, no or unknown)	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFOR	Suosh	7	Add	iron	el DC.	
PART I, DEAT	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) ONSET AND DEATH								
gave rise ta im	Canditions, if ony, which gave rise to immediate couse (a), stoling the under-lying cause lost. Hemiplegia Cardiorenal Hypertensive Disease								
Š Ar	er significant conditions of thritis.	Hysteria.					VEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO	
20g. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING 206. DESI	CRIBE HOW INJURY OCCURRE	D. (En	fer nature af injury in Po	arl I ar Port	Il of Hem 18)			
29c. TIME OF INJURY Hour on m.	Manth, Day, Year 20d. If White of warl	Nat while	ACE Colory.	OF INJURY (Home, form, street, effice oldg., etc.)	20f. (Cily	or town)	(Co	unty) (Stale)	
21. I certify the olive on DE	of I aftended the decease of 1958			urred at 12:42	MAram		ond an the , state)	ist saw the deceased a date stated above DATE SIGNED	
PHYSICIAN'S NAME (Type)	Webster Sew	ell, M.D.							
220 SURIAL CREMATION REMOVAL (Specify)	12-13-58	27c. NAME OF CEMETERY CO	Cle	MATORY	no local	ON (City, jown.	or country	Misso Co	
23. FUNERAL DIRECTOR'S	SIGNATURE /	467 No	+		BY REGISTA		ISTRAR'S SIGN		



L	13811 CEKTIFIC	AIE OF DEATH		Reg. Dist. No.							
	. PLACE OF DEATH a. COUNTY Maryland Montgomery Maryland	2 USUAL RESIDENCE (Where do STATE Maryland	b. COUNTY	Residence before admission)							
	b CITY OR TOWN (If putside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside	e carparate limits, write RU	RAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?							
H	Washington Sanitarium and Hosp. NAME OF First Middle	11838 Huggins		YES NO SO							
	DECEASED (Type or print)		DATE Month OF DEATH December								
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS							
	Male White WIDOWED DIVORCED	Dec. 8, 1958	yrs.	Months Days Hours Min.							
	80. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY							
Ī	3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
1	Thomas Copland Gray	Roberta Ann	Hall								
1	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT	Addre	15							
1	(If yes, give wor or dates of service)	husband same	address								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERVAL BETWEEN							
1	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) At elegan			ONSET AND DEATH							
	761.5 DUE TO										
	Conditions, if ony, which) to make it										
ı	gove rise to immediate cause (a), stating the under-		Ph.	/							
	lying couse last. (c) It alexandru	- sylliant in	1) salen	a							
	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?										
	200 ACCIDENT WAS THE PERMINED TO THE DESCRIPE HOW INTHIN OF THE	1224	- 0 - 1 M - 6 14 - 10 1	YES NO 🔀							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER]	ED. (Enter nature) Permitury in Parl 1	ar Fort III ar stem 18.}								
	Hour o. m. While Not while	LACE OF INJURY (Home, form, 20 octory, street, office bldg., etc.)	Of (City or town)	(County) (State)							
	21. I certify that I attended the deceased from 12-8-5			that I last saw the decease							
	alive on 1950 and that deat	h accurred at <i>1240,</i> 72M.	, from the causes an	nd on the date stated above							
-	ACTUAL & A	ADDR	RESS (Street, city or lown, st	date SIGNE							
- 1	SIGNATURE CONTRACTOR OFFICE OF THE SIGNATURE	M.D. 925 Pershir	ng Dr., Silve	r Spring, Md.							
	PHYSICIAN'S										
		ershing Drive, - S									
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)		LOCATION (City, town, or	77							
	Cremation 12-8-58 Washington	Sanitarium and H									
2	Robert A. Hare, M. D. Washington Sani	itarium and Hosp	REGISTRAR 246. REGIST	RAR'S SIGNATURE							
	,	DATE		- 9 House							

may be retaint the haspital or attending physician.

**TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye sarbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remayal, and in any event within 72 haury after death. TO HOSPITAL OF VS A15 (4) 15M 10/57

Jovin II still a son

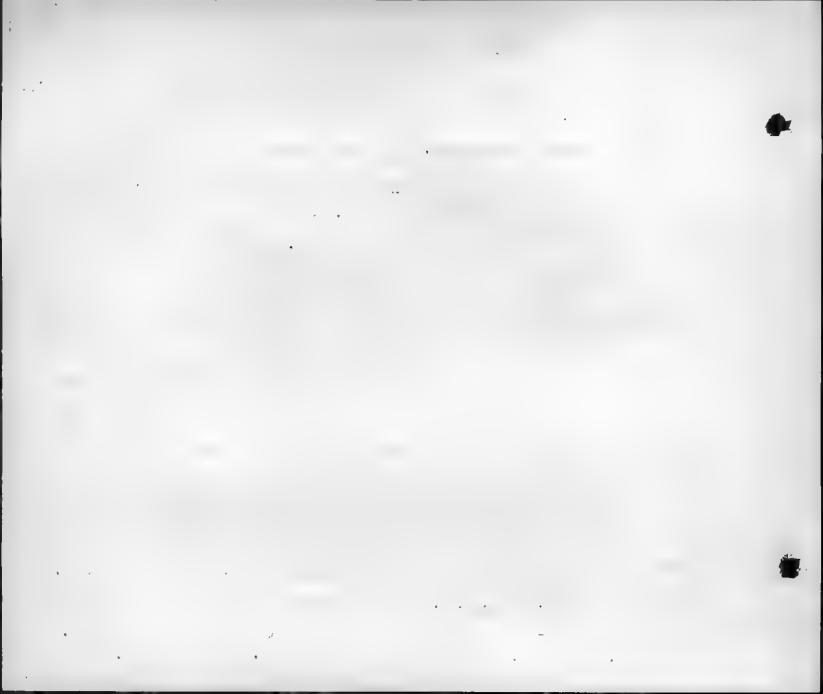
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75201XV0

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

M

neral directar, old be filled with



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the attending physician and campletely filled. Then please remave carbon papers. Pages 1 event within 72 haurs after death.

= that the death certificate be

death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13928

CERTIFICATE OF DEATH 13964

arthur S. Hays

240 REC'D BY REGISTRAR

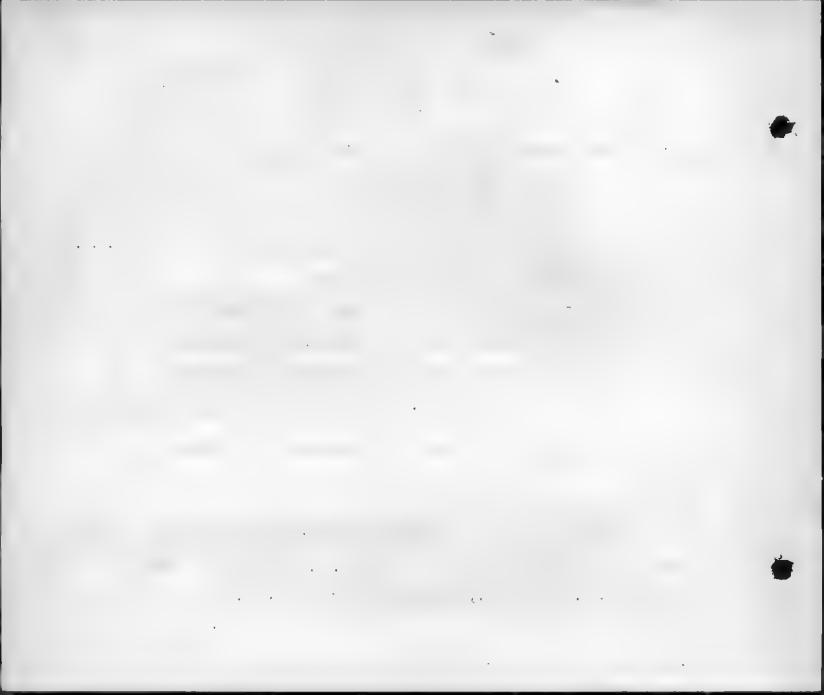
3 '58

DATEDEC

			000	-K							Kes	g. Dist.	No.	61	7
1. P	LACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE Maryland Montgomery									
	Montgomer	outside corporate lim	ite weite	c. LENGTH OF STAY											
"	RURAL and give ne	arest town)	is, wille		IN ID		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							1)	
	Bethesda	(Rural) AL (If not in hospital, s		5 days		X	Bethesda								
1 °	OR INSTITUTION			odoress)		1	d. STREET ADDRES		_				1		FARM?
-		al Hospita	L				5904 Ann	ist	ion Ro	oad				YES [ио 🚺
	AME OF ECEASED	Fi	Middle			Lost	1	4. DATE OF	Mon	th		Day	7	Yeor	
	(Type or print) Agnes Marie Antoir						GREEN		DEATH	Decem	ibe:	r	1		19 58
5. SI	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						ATE OF BIRTH			9. AGE (in years lost birthday)	Mor		_		ER 24 HRS
	male	Caucasian	WIDOWE	- Territoria			9-14-20			lost birthday) 38 yrs	Mul	nins D	ays	Hours	Min,
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 INDUSTRY 11 BIRTHPLACE (State or foreign country)									F WHAT	COUNTR					
L	Housewif		'				Pen	nsy	rlvani	.8		U	.S.	Α.	
13, f	ATHER'S NAME					14	. MOTHER'S MAID	EN N	AME						
V	Unknown	MARCENKO)				Unknown								
IS. V		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. It	VFOR	MANT			Addi	ress				
	No_				(H)) V	m. J. Gr	een	, San	ne as #2	abo	ove			
	B. CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne for (o), (b), and (c)									INTERVAL BETWEEN		
ш	PART I. DEAT	TH WAS CAUSED BY	Cor	Pulmonale	wit	h d	congestiv	re i	neart	failure.			ONSET AND DEATH		
	002 X	DUE TO											7		_
П	Conditions, if or	ry, which)	Puli	monary fibr	cosi	S 8	and secon	าสัดา	ev Emm	hveema.			1	14 D	9376
	gove rise to in							*****	-7-1-1-1	JII. JOCHEL			-	# <u>T</u> 10	alb.
	lying couse lost.	ne under		erculosis.											
1gt	PART II. OTH			ONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE T	ERMIN	AL DISEASE	CONDITION GIV	EN IN	V PART I	(o) 15	WAS.	AUTOPSY
CATION														PERFO	RMED?
	20g ACCIDENT WA	S UNDERLYING	20b DESC	RIBE HOW INJURY OF	CCURRED). (En	ter noture of injury	y in Po	ort I or Port	If of item 18.)				LES RIM	110
CERT	OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER				·									
		Month, Doy, Ye	or 20d. IN	JURY OCCURRED	20e. PLA	ACE (Of INJURY (Home,	form.	20f. (City	or town)		(Cou	intvi		(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while	fac	tory,	street, office bldg.	, etc.)				1000	,,		(5.0.0)
1 1 3-	p. m.			New Year	- OW 1	26	- E8	200	i) .			-	
			decease	ed from Novemb	PL.3	<u> </u>	_, 19 <u>_20</u> _, to_	Dec	Timbel	12.50	≥,thc	at I las	st sa	w the	decease
	alive on Dece	moer r	, 1925	and that	death	occ	curred at <u>Siy</u>	DE.	.M, from	the causes a	ind o	on the	dat		
	ACTUAL (4. 9. Oa	calu	· 01			II G W			reet, city or town,					ate signi 1–58
	SIGNATURE	0-0	7	1		M.D.	U.S.N	ava	IT HOS	biral' W	LATAR	<u> </u>			1-20
	PHYSICIAN'S T NAME (Type) V	. J. JACOE	ЗҮ, Л	R., LCDR, N	C, I	USI	V Bethes	da,	Md.						
220.		V. 226. DATE THEREC)F	22c. NAME OF CEME	TERY OF	R CRE	MATORY	7:	22d LOCAT	ION (City, town, o	or cou	inty)		(State	e)
Bi	REMOVAL (Specify)	12-4-5	8							lipsburg			1	Pa.	
	UNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240	REC'D	BY REGIST			's sign		-	

R.A. Pumphrey Funeral Home, Bethesda, Md.

may be retain by the haspital ar attent FUNERAL DISTOR: After this certific page 3 should be detached far use as the registrar prior to buriol, cremation, VS A15 (4) 15M 10/57



المعاول:) OERTHIO	TIE OF DEATH	<u> </u>	leg. Dist. No.
	1, PLACE OF DEATH OCCUPITY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Who Maryland	re deceased lived. If institutions MSHTGO	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Kensington	e LENGTH OF STAY IN 16	c. CITY OR TOWN (If or X Kensington	utside corporate limits, write RUR. 1	AL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospitol, give street of Prinstitution O001 Connecticut Avenu		d STREET ADDRESS	ecticut Avenu	e, is residence on a farm? Yes \(\) NO \(\) X
	3. NAME OF First DECEASED (Type of print) Anna Rumsey	Middle	Griffith	4. DATE Month OF DEATH 12-	30- Doy Yeor
	s sex Female 6. COLOR OR RACE 7. MARR WIDOWE	ED DIVORCED	9-16-1875	last birthdoy) 83 yrs.	onths 199 Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired U.	S. Gov.	STRY II BIRTHPLACE (S1010 o	or foreign country)	U.S.A.
	D. Clinton Griffith		Bell Wei	AME C	
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		erry W. McG		Connecticut A
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	enfor (0). (b). and (c) }	edem.		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	yetardial'	ti lent	disione-	3 year.
, 7	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	VAL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
	Hour o m. While	NJURY OCCURRED 200. PL Not while k ot work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (Stole)
	21. I certify that I attended the decease alive an 25 Cs 30 , 195	ed fram / 1/14 / 12 8 , and that death	1953, to		that I last saw the deceased d an the date stated abave.
	SIGNATURE KLING Ch. WILL	durant	M.O. 3935 Rac	ADDRESS (Street, city or town, sto Utiment D. Korens	F 12/201
1	PHYSICIAN'S Thomas A. L. F	Hindman, 393	5 Baltimore	St., Kensing	ton, Md.
I	270. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify) UTIAL-Transit 1-1-59	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, or a Owensboro, I	county) (Stote) Kentucky
1	23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey. Bet	ADDRESS thesda, Mary		* 1 11== 11	AR'S SIGNATURE 7 S. Frans
- 4	Cherr We rambureal net	Transmit Tierr A	DATEMIT		LI, PVANNE

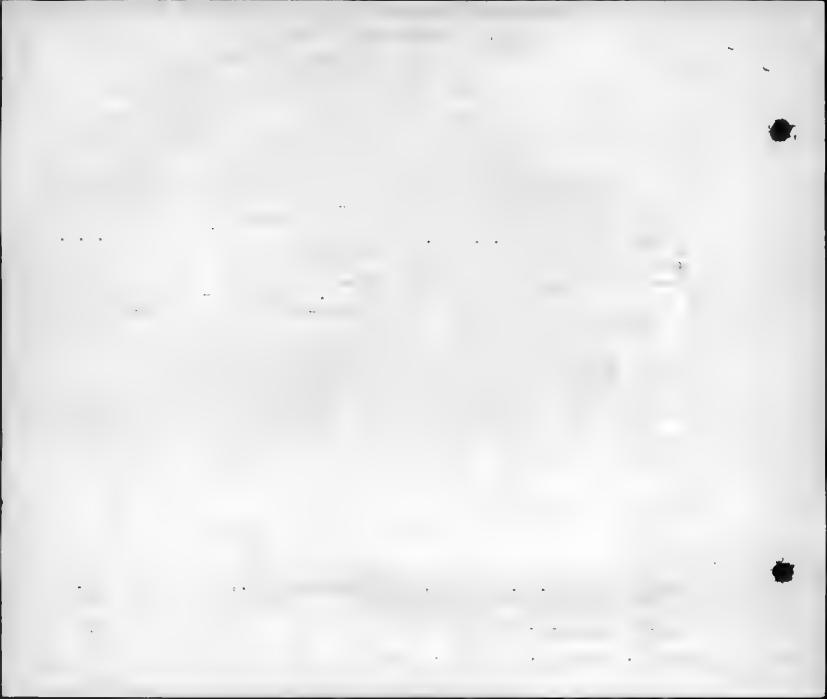
may be retained by the haspital or attending physician.

TO FUNERAL CIOR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72-hours, after death.

after death. Page 4

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TO HOINTAL OR ATTINDING FITTICIAN: The low requires that the death certificate be executed within 24 hours VS A1S (4) 1SM 9/SS



ONUVAN M. K.

ADDRESS

Gate of

Bethesda, Maryland

Heaven

13930

. IS RESIDENCE

ON A FARM? YES TO NO 12

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

Dove

Rea. Dist. No.

Months

PERFORMED? YES NO (County) (State) 19 5 that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jawn, or county). Silver Spring, Maryland 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Circle . & France

Q

shou

m

he registror

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

A. Pumphrev



0.	1381% CERTIFICATE OF DEATH	g. Dist. No.
	1. PLACE OF DEATH a. COUNTY Man 19 Fruery. MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. R b. COUNTY	esidence before admission)
	b. CHT OR TOWN (If autside corporate limits, write RURAL ord give nearest town). RURAL ord give nearest town. Autom a value - Therefore RURAL - There is a composite from the rural form.	and give nearest fown)
)	d. NAME OF HOSPITAL Alf not in hadrital, give street oddress) OR INSTITUTION From 1 to p. 1108 Wayne Clark.	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) Meauda. Middle Gulfre DEATH Well	13 1958
	Mall White WIDOWED DIVORCED Cally, 23/890 lost birthdoy) Ma	INDER I YEAR IF UNDER 24 HRS Inths Doys Haues Min
	Painter (Houses) Retired aunter Wash, O.C.	2 CITIZEN OF WORLT COUNTRY?
	13. FATHERS MANE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	eden
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INPOMMANT (19 year, gave mor or dates of survice) of 74-67-9107 llws. Mary Genefile,	108 Kryn. God
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cuptured Enlurgem'y Clock. Worth was	INTERVAL BETWEEN S,
	Canditions, if any, which) (b) Massive Herisonhoge Port Pentomal	· ghrs
	gave rise to immediate cause (a), stating the under-lying cause last. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO [
		•
	20c. TIME OF INJURY Manth. Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home Jerm, left, foctory, street, affice oldg., etc.) While Not white all work of wark	(County) (State)
		at I last saw the deceased an the date stated above.
	ACTUAL Howard Thomas M.D.7030 Carroll Care	
1	PHYSICIAN'S Howard T. Morse Takens Park M	'd
	Do Burial, Cremation, 2b. date Thereof Removal (Specify) 12/16/58	
	I WARNER E. PUNISHREAL ING. SILVER SPRING. NO. 1 ILL.	R'S SIGNATURE

TO MOSTILAL OF A complete or attending physicion.

TO FUNERAL DE TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OR VS A15 (4) 15M 10/57

||age ||

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after disath.

uneral director, smooth be filed with

12-13-58

H:00 P.M. ICALLED DEPUTY

CORONER DR. BROSCHART WHO

CORONER DR. BROSCHART WHO

AUTHORIZED AUTOPSY. THIS IS NOT

AUTHORIZED AUTOPSY THIS IS NOT

A CORONERS CASE.

A CORONERS CASE.

FOR STATE HEALTH DEPT ssary, please for. Page for files of Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13932

-									valle mi	2011 1701	
1.	PLACE OF DEATH					USUAL RESIDENCE					
-		tgomery		MARYLA		o. STATMary]		D. COUIT	Mont	gome:	ry
	and give nearest fown)	A	RURAL	c LENGTH OF STAY IN		c. CITY OR TOWN		orote limits, write	e RURAL and	g ve neore	est town)
_	Rockv:			20 Year			ville				B- divellibles
				spital, give street address)	1	d STREET ADDRESS				6	ON A FARM?
		ux manor	Koac			11408 Lu	ıxmano:	r_Rd.,		Y	ES 🔲 NO 🔀
3.	NAME OF DECEASED	Firs	ıf	Middle		Lost	4 DATE OF	Mon	th	Doy	Year
	(Type or print)	ESTELL	E	Y.	E	ialler	DEATH	Dec.	26		19 58
5.	SEX	6 COLOR OR RACE	7 MARR	ED NEVER MARRIED	8 DAT	E OF BIRTH	1	AGE Ilin years		TYEAR IF	UNDER 24 HRS
	Female	White	WIDOWI	DIVORCED) Ma	y 30,187	77	81 yrs.	Months !	28 Ho	ours Min.
10	A USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 1	T. BIRTHPLACE (Stot	te or foreign co	untry)	12. CITI	ZEN OF W	HAT COUNTRY
	during most of working	her	8	RKK Unknow	n	Wiscons	sin		1	U. S	. A.
13	. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME			. ·. · · ·	
	Hiram Yo	oung			י ט	nknown					
		R IN U. S. ARMED FOI		SOCIAL SECURITY NO		MANT Daugh	nter	Addres	4		mile/w
ľ	No No	(If you, give wor or dates of	BBEA1CO]			Walter		San	ne as	Iter	n #2
=	18. CAUSE OF DEAT	M (Enter only one cau	se per line							INTERVAL	RETWEEN
	PART I, DEAT	H WAS CAUSED BY:		-	0.7777	00011101	0.70			Sud	HTA3D OF
	1120.1	IMMEDIATE CAUSE (o)		COLOII	ary	occlusio	211			Sudi	uen
	Candidan II a	DUE TO									
	Conditions, if or gave rise to immed	igle cause									
	(a), stating the v									1	
7		FR CIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH I	O TOUR THE	ELATED TO THE TERM	Ada at Diff Afr	COMPUTATION			- ~
CERTIFICATION	PART H. OTH	CK SIGNIFICANT CON	D//(C/43 C	DINIABOTING TO BEATE	DOT NOT K	TEATED TO THE TERM	WOLVE DISCUSE	CONDITION GI	YEN IN PAKI	PI	ERFORMED?
FICA	20- EVYCENIAL CAN	SE WAS ION	- DECCRI	E HOW BLOOM OF CURE	ED 15 .					YES	□ но 🔣
ERT	PRIMARY D or CON CAUSE OF DEATH.	ITRIBUTING D	D DESCRI	IE HOW INJURY OCCURRE	ED (Enter	noture at injury in Po	ortior Fartill o	filem (B.)			
			n land	TATULEY OCCUPAND TOO		P +5 +5 +5 P / +1 5	1				
MEDICAL	20c. TIME OF INJUR Hour a. m.	Y Manth, Day, Yea	Whi	INJURY OCCURRED 20e	foctory, s	r INJUKT (Home, for I <mark>reet, office bldg.,</mark> et	rm. 20f (City o	or fown)	(Cov	nty)	(State)
×	p. m.	19		ork at work							
	21. I certify th	at I taak charge	of the	remains described	abave,	held an Autop	isy 🔲, Ins	spection 🔀	, Inquiry	y 🔼 .	and in my
	apinian death	resulted fram: 1	Vatural	causes 🔀, 🛮 Accide	nt 🔲,	Suicide 🔲,	Hamicide	, Undete	ermined m	nonner	
	1	1 _ ^	0								
	SIGNATURE	rank &	Jav	nhait	M.I	CHIEF MEDICAL I	EXAMINER [DA	ATE SIGNED
						ASSISTANT MEDI	CAL EXAMINER				
	NAME (Type)	rank J. B	rosc	hart		DEPUTY MEDICAL	L EXAMINER 🛣		1	2/26	/58
22	o. BURIAL, CREMATIO	N. 226 DATE THEREO		22c. NAME OF CEMETER	Y OR CREA	AATORY	22d. LOCATI	ON (City, town,	or county)		(Stote)
	Cremation	12-29-	58	Cedar Hil	l Cr	ematory		e Geo.		tv. N	Md.
_	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		240 REC	C'D BY REGISTR		STRAR'S SIG		
	ROBERT	A. PUMPH	KEY	Bethesda	a, M	d. DATE	ose 3.0 %	0	2 0	1	
-							1784 3 U "	15-1	mbud &	Thered	

TO DEPUTY MY TALE EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negative execute the control of the funcial in pencil in Item 18. Give Pages 1, 2, and 3 to the funcial of a should be followed on the Chief Medical Examiners's Office often with form PM3, Page 5 may be retained to PNNERAD DIRECTOR: Page 3 should be used as a buride transit permit. File pages 1 and 2 with the State Bacid or its designated agent, prior to buriof, cremotion, or removal, and in any event within 2/2 hours after death. VS A15ME 5M 2/57

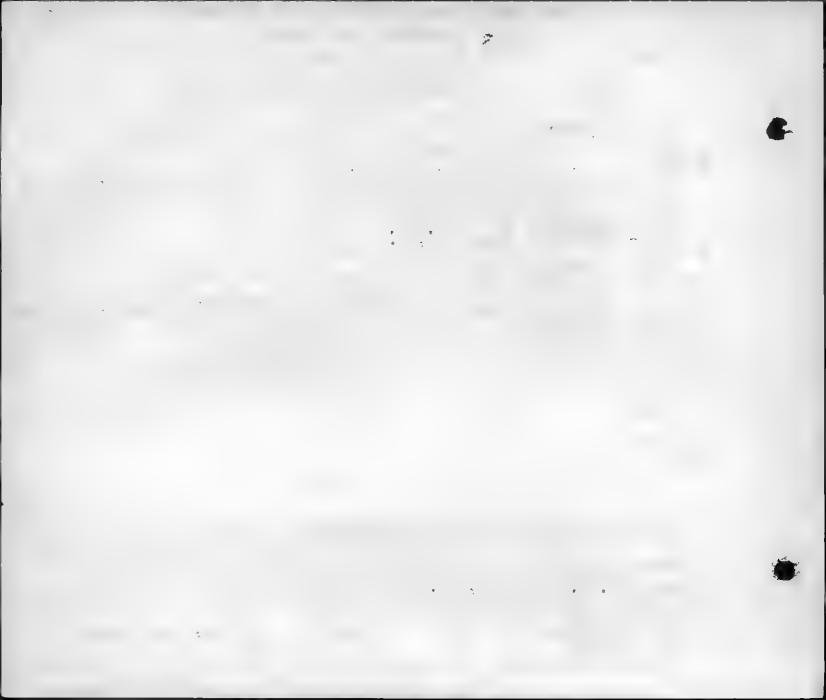


13967 CERTIFICATE OF DEATH 13933

2000				Reg. Dist, No.	
PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (WIT OF STATE DC	ere deceased lived. If institution b. COUNT		lmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and save recreat fown) Bethes da	c. LENGTH OF STAY IN 16	Washing	utside corporate limits, write	RURAL and give nearest	townj
d. NAME OF HOSPITAL (ILES IN DEC. 2). give street, or institution 980 7R1 ver Repine Nursing Home	Oad.	d street address 3000 Ch	a in Bridge		RESIDENCE IN A FARM? S NO 🙀
NAME OF First DECEASED (Type or print) William		alliday	DEATH DOCE	ember 28,	Yeor 19 50
male 6. COLOR OF RACE 7. MARR WIDOWE	DIVORCED	8. DATE OF BIRTH 8/12/1886	lost buthday		INDER 24 HR5 urs Min.
o USUAL OCCUPATION (Give kind of work done 10b. Wring most of working life, evan if refired) Banker-President Ar	t Natl Bk. Lington, Va.	STRY 11. BIRTHPLACE (Slow Pennsy 1:	or foreign country) . Vania	12. CITIZEN OF W	HAT COUNTR
FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
William Henry Halli	day	Emma J	ane Trimble	ı	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (es. no or unbnown) [If yes, give wor or dates of service]		NFORMANT Ursing Home	Records-98	307 River 1	Road
18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c)]		/	INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ubro - Vasci	elas Henry	e home		Claus
33/X DUE TO		7,		7	Critical Property of the Control of
1-	1. 0-1	. 11 1. 1	/ /		~
Conditions, if any, which gove rise to immediate	unacuroha	- (Phetro-)	asculus D	lacone.	
couse (a), stating the under-					
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION O) PE	AS AUTOPSY REORMED?
20g. ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	ort I or Port II of item 18)		
Hour a.m. While		ACE OF INJURY (Home, form clory, street, effice bldg., etc		(County)	(State)
21. I certify that I attended the decease	ed from 24 Dec	19.58, to 2	8 De 19 J	S.thot I lost saw t	the deceos
olive on 26 Aec 195		occurred at			
)		ADDRESS (Street, city or low		DATE SIGN
ACTUAL COLSSION	elf	MD. 9902	Courselmo	- Rd	
PHYSICIAN'S W. F. Cresswe.		Bethere	l 14 M	azyland	Mir on my ter or on or on or
BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d LOCATION (City, town	-	(State)
Removal 12/30/58		da HAC		lassachuse:	tts
FUNDAL DIRECTORS PIGNATURE	ADDRESS 2901-11-4			GISTRAR'S SIGNATURE CATTANY S. FLANA	
MON NI Nelsol IN	X7111-111-11	DATE U	EC 31 '58	Commit d. / vialla	

fueeral director, rould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs off≡ death. VS A15 (4) ISM 9/55



V\$ A15 (4) 15M 10/57

The security in the low sequines that the security of executed within a security of the footh. Togeth		t: After this certificate has been signed by the attending physician and completely filled in by	sched for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with	
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7 U		filled	ges 1	
MILE		letely	S. Po	/
ecure		comp	poper	Ļ
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L CELL		ing pi	se rem	- 00
Call		oftend	n plea	. 174
in the		y the	The	A. were
102		ned 5	ermit.	-
	Cian.	en sig	onsit p	
10.	physi	os pe	riol-tre	
	anding	icote	he bu	
	or offe	certif	te as t	10.00
	e hospital or attending physician.	er this	for u	1
200	e hos	: Aff	ched	-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13934

13968 **CERTIFICATE OF DEATH**

Reg. Dist. No.215

1. PLACE OF DEATH COUNTY Montgomery	7		MARYLAN	_ 11	usual residence o. State District (h COUNTY	on-Reside	nce before	e admissio	in)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ls, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN				URAL ond	give negr	est lown)	
Bethesda	Rural)		4 days		Washington	n		11	71			
d NAME OF HOSPITA	At (If not in hospital, g	ive street	oddress}		d. STREET ADDRESS					e	, IS RESID	ENCE
U. S. Naval	. Hospital				1824 15th	St	reet,	N.W.			YES D	NO KK
3. NAME OF DECEASED	Fie	st	Middle		Lost	1	. DATE	Mon	th	Day	Ye	POF
(Type or print)	Loui	.s	Alexander		HAMNER		DEATH	Decen	iber	9	19	58
5. SEX	6. COLOR OR RACE	7. MARR	IED 🕅 NEVER MARRIED [8. D	ATE OF BIRTH		9	AGE (In years		RIYEAR	IF UNDER	24 HRS
Male	Negro	WIDOWE	DIVORCED		8-10-96			last birthdoy) 62 yrs	Months	Days	Hours	Min
100. USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (ST	ote or	foreign co	intry)	12 C	ITIZEN OF	WHAT	OUNTRY
Truck Dri		'	Various		Montar				U.	S.A.		
13. FATHER'S NAME				1.	. MOTHER'S MAIDE		ME					
Thomas J.	HAMNER				Louise LI	UC A	S					
15. WAS DECEASED EVER		CESP 16.	SOCIAL SECURITY NO. 17	7. INFO				Add	ress			
Yes 3	/25to2/28	5	79-18-8340	(w)	Mrs. Gedra	zia	A. H	amner. s	ame i	as #2	aho	170
IB. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (o), (b), and (c).]						COLEGY (VAL BETY	
PART I. DEAT	H WAS CAUSED BY:	1	TYACARDIAN	. 7	MEARATI	o a 2				1.0	T AND D	
420.1												
Conditions, if on	Conditions, if any, which) 161 HYPS RTENSION AND CHRONIE PYELONEPHRITIS 10 MONTHS											
gave rise to in	gave rise to immediate (A. M.Z.)											
lying couse lost	Luuse (o), storing the under-											
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO.	RELATED TO THE TE	RMINA	AL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 19	. WAS AL	
3											YES 🔲	
PART II. OTH	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCUP	RRED (E	nter nature of injury	in Pa	rt I or Port	I of item 18.)				
20c. TIME OF INJURY Hour e.m.	Month, Doy, Yes	While	Not while	PLACE factory	OF INJURY (Home, fi street, office bldg.,	orm, elc.)	20f. (City o	or lown)	1	(County)		(State)
			at work									
21. I certify the	of Lattended the	decease	ed from December		_, 19 <u>50</u> , to I	ec:	ember.	<u>9 1958</u>	.,that I	last say	w the d	eceased
alive on Dece	moer 9	, 19.2	$8_{-,-}$ and that dec	oth oc	curred at 10					the date		
ACTUAL ()	1		A					eel, city or town,				E SIGNED
SIGNATURE	ZING XI	11 - 1	perna	M.D.	U. S. N	ave	T Ho	pital,	NNMC		12-10	7-58
PHYSICIAN'S / NAME (Type)	James M. Y	oung)	LT, MC, USN		Bethesd	a,	Mary	and				
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CR	EMATORY	2	2d. LOCATI	ON (City, lown, o	r county)		(State)	
Burial	12-15-5	8	Arlington	Nati	onal		Arli	Ington		Vi	rgin	ia
23 TUNERAL DISECTOR'S	7 Y-MUC	4	ADDRESS				BY REGISTR	AR 24b. REGIS		GNATURE		
Campbell Fu	heral Home	, 522	8th St., ME,	Was	hington	D.E	FC 1 5	'58	i. it	1 4 16	- MA 14 M	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ON A FARM? YES NO

Yeor

1958

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Months Days Haers 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (State) (County) ___ 19____that I last saw the deceased g and that death accurred at 1 AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) **DATE SIGNED** 22d LOCATION (City, town, or county) (Slate) 246 REGISTRAR'S SIGNATURE DATEC 9 9 153

VS A15 (4) 15M 9/SS



Ø

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13938

3970 C	ERTIFICATE	OF	DEATH
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Į.		343	CAIL OF BEATT		Reg. Dist. No	o
	1. PLACE OF DEATH 0. COUNTY Montgomery	MARYLAN	2 USUAL RESIDENCE (Whe o. STATE Mary)	" F COUR		
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest tawn) Kensington	write c. LENGTH OF STAY IN		Iside corporate limits, wri		
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Gardens		d. STREET ADDRESS	Meadow La	ne	e. IS RESIDENCE ON A FARM? YES NOX
	3 NAME OF First DECEASED (Type or print) Rose	Middle Marie	Lost Harkins	OF	Month D	y Year 1958
		* MARRIED NEVER MARRIED (NIDOWED DIVORCED	B. DATE OF BIRTH	9. AGE (In you lost birthdo	OT IF UNDER I YEAR	R IF UNDER 24 HRS Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark do during most of working life, even if retired) Housewife	ne 10b. KIND OF BUSINESS OR IP	Marylan	d	12. CITIZEN	OF WHAT COUNTRY
	Joseph Brenner			we beth Shube	ert	
	15. WAS DECEASED EVER IN U. 5. ARMED FORCE [Yes no. or unknown) (If yes, gives war or dates of servi	rical	7. INFORMANT Mrs. W. E. Mu	llan-daug	Address	e as 2d
	18 CAUSE OF DEATH [Enter only one couse PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UE TO Conditions, if any, which)	e per tine for (a), (b), and (c)]	trentação,	aculi	IN	SET AND DEATH

CERTIFICATION

DUE TO

HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

MEDICAL Month, 20c. TIME OF INJURY Doy, Year

gave rise to immediate

cause (a), slating the underlying cause last.

p. m.

20d, INJURY OCCUPRED Not while at work While at work 🔲

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, sheet, office bldg., etc.)

(County) (Stole)

WAS AUTOPS PERFORMED?

YES 🗍 NO 🖺

21. I cortify that I attended the deceased from 19.5. L, that I last saw the deceased and that death accurred at 600 a.M. fram the couses and an the date stated above.

ACTUAL SIGNATUR

TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

PHYSICIAN'S NAME (Type) 226. DATE THEREOF

BURIAL CREMATION, REMOVAL (Specify)
Burial

Robert A. Pumphrev

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(State) Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

St. Johns Cemeterv **ADDRESS**

24o, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 Bethesda, Maryland DATE DEC 2 4 '58

C That & Kaus



HEALTH DEPT.

ctor. Poge your files. d of Health, Boord

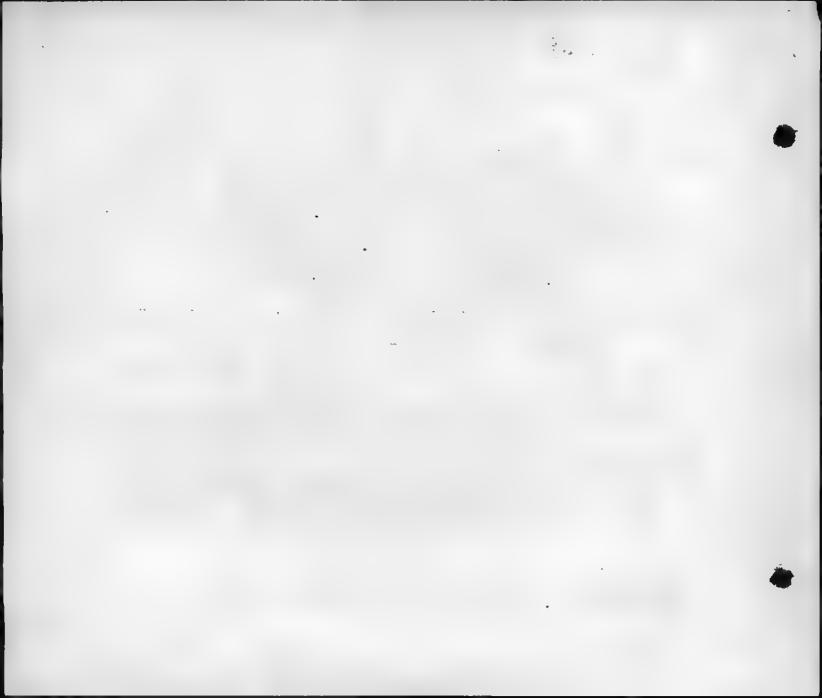
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute that if ficese, writing the word "pending" in pencif in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should be "worded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained TO ILUNER IL DIRECTOR: Inage 3 should be used in a bimidifransit germit. File pages 1 and 2 with the State 8 or its dissipated agent, prior to burial, cremation, in removal, and in arrowerent within 72 hours offer death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13937

		13971'''	EDICA	L EXMINITER	CENTIFICA	IE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH				2. USUAL RESIDENCE (ititution: Residence before admiss an
	o. COUNTY	ntgomery		MARYLAND	o STATE Mary	land b. cou	Mr Montgomery
	b CITY OR TOWN III	euiside corporate i m is wr	He RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (l autside corporate limits, wi	rite RURAL and give nearest town)
	Bethesda			7 days	Rockvil	1e	
			(If not in hos	pital, give street address)	d STREET ADDRESS		e is kesio hie
	Subu	rban_Hosi	oital		1212 All	ison Drive	ON A FARM' YES □ NO \$
3.	NAME OF DECEASED		rst	Middle	Lost	4. DATE ME	onth Doy Year
	(Type or print)	JAGI	7	E	HAWKINS	DEATH Dece	ember 7 1958
5.	SEX	6. COLOR OR RACE	7 MARRIE	DE NEVER MARRIED	DATE OF BIRTH	9. AGE (In years	
	Male	White	WIDOWED	DIVORCED [Sept. 23.	1927 31 y	rs. Mooths Days Hours Min,
10	The state of the s	N (G've kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	ar foreign country)	12 CITIZEN OF WHAT COUNTS
	-	tal Work		Farmac Corp	Tennes	see	US
13	FATHER'S NAME	Lon, Sedendro, S. J. S. C., Apr. 4630. 3		A SERVICE COLUMN	14. MOTHER'S MAIDEN I		merce madagas
	~~ d ·	ison C. H	lawkir	1 5	harv L	ou Hutton	
15	WAS DECEASED EVI	ER IN U. S. ARMED FO	DRCES? 16.		NFORMANT	Addr	011
Ire	Yes	Ill yes, give wor or doles o		16-22-2179 M	argaret W.	Hawkins-wi	fe-same as 2d
		THE Enter only are co				2- 4	TINTERVAL BETWEEN
		H WAS CAUSED BY-		Interace	rebral hem	orrhage	ONSET AND DEATH
	33/x	IMMEDIATE CAUSE (c		AIICCA CC	1,001,01		
	Conditions, if a		_	Inknown			
	gave rise to immed	fiate cause		BIRCHOWIL			The second secon
	(a), stating the s	nauriying	c)				
Z	PART II, OTH			INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INALDISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATION							PERFORMED?
TFTC	20g. EXTERNAL CAL	ISE WAS	Ob DESCRIBE	HOW INJURY OCCURRED (inter nature of injury in Par	t I or Port II of Item 18)	
100	PRIMARY OF CONCAUSE OF DEATH.	NTRIBUTING [Eou	nd unconciou	e on floor	of home	11/25/58
3	20c. TIME OF INJUI	tY Month, Day, Ye	por 20d. I	NJURY OCCURRED 20e PLA	CE OF INJURY (Home, Form	n, (20f. (City or lawn)	(County) (State)
MEDICAL	Haur o.m.	? 15	While	Not while fact	ary, street, affice bldg., etc		
~				emains described abo	ve held an Autoni	v [7] Inspection [I. Inquiry . and in m
				causes \square . Accident	_		A1971
	opinion death	resurred fram:	ואסוטוסו	duses [], Accident	, Suicide,	Hamicide []. Unde	etermined manner 🔼
	ACTUAL	to- 1 0	2	1 . 5	CHIEF MEDICAL E	VA MAINIER IT	DATE SIGNED
	SIGNATURE	musik J.	1 310	what	M.D. CHIEF MEDICAL E		
	EXAMINER'S		D === = == ==	h nada	DEPUTY MEDICAL	7.0	2/8/58
22	NAME (Type) F	T 2020	Brosc	22c. NAME OF CEMETERY OR			2/0/00
11	REMOVAL (Spec by) Burial	7.20				22d LOCATION (City, low	40.4
22	FUNERAL DIRECTOR		70	Arlington N		Arlington,	VITELITE GISTRAR'S SIGNATURE
-	Pl dl	A) 10	4	o on on			
1	laberoll.	Vumpler	ey, U	estrolle M	2 DATE	F 1 100 C	Thun & Krouge



VS A15 (4) 15M 9/55

R. F.

90

13938

CERTIFICATE OF DEATH 12000

	1001	6			Reg. Die	it. No.
1. PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (W		If institutions Resident	ce before admission)
A	Montgomery	MARYLAND	Vue	una .	hn	Lunterle
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write a neorest lown)	c LENGTH OF STAY IN 16	c. CITY OR TOWN IN	butside corporate limi	Is, write RURAL and g	give nearest fown)
Kensing			Dura	ess	233	< - 3
d. NAME OF HOSP OR JUSTITUTION	77		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Carro.		ing Home				YES NO.
3. NAME OF DECEASED (Type or print)	PRISCILLA	Middle	AYD a N	4. DATE OF DEATH	DEC. 18	1958 Yeor
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	65 P. AGE	(In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HRS Days Hours Min.
100. USUAL OCCUPATI	ION (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INC	METRY 11 BIRTHPLACE (Stote	or foreign country)	12. CIT	ZEN OF WHAT COUNT
Housing			Viran	in		454-
13. FATHER'S NAME	11 .	11 -	14. MOTHER'S MATIDEN			
Vepti	mus HeAd	1162	an	1 10	Jur_	
15. WAS DECEASED EV	ER IN U. S ARMED FORCES? 16.	SOCIAL SEQURITY NO 17.	INFORMANT	110	Address	12 -1
no			In a Han	u Ko	Mouse	The U
	ATH [Enter only one couse per li	ne for (a), (b), and (c)]	-f-	-17		INTERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		earl for	enteric	·	111000
40.0	DUE TO	auto a	ale I	1/2 . 7	-A.	CLUIN
Conditions, if		clusions	CALLEG LEE	Heart	HACO	12/1
couse (a), stating	the under: DUE TO	Somit				Styp
lying couse lost	:) (c)	CONTRIBUTING TO DEATH B	IT NOT BELATED TO THE TERM	INAL DISEASE COAD	TION CIVEN IN BAR	TI(a) 19, WAS AUTOPSY
\\ \text{\text{\$\langle}{\text	THE STORY IN CARRY CONDITIONS	DIVINIBUTINO TO DEATH BE	THE RECALED TO THE TERM	MAL DISEASE COND	HION GIVEN IN PAKI	PERFORMED?
PART IL_O	AS UNDERLYING TI 206DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port Lor Port II of ite	m 16.1	YES NO
	G CAUSE-OF DEATH Y MEDICAL EXAMINER)			,		
20c. TIME OF INJU	While		PLACE OF INJURY (Home, form octory, street, effice bldg., etc.	n, 20f. {City or town i.)) (0	County) ~ (State
Hour o.m.		k ol work		1		*
21. I certify t	hat I ottended the deceas	ed from / / / 1211	J , 10/	8 1150		last saw the deceos
alive on	3 PEC, 195	and that dea	th occurred at 9	M, from the c	causes and an th	ne dote stated abo
ACTUAL (NAT-IN	Visit - in	2-	ADDRESS (Street, city		At DATE SIGN
SIGNATURE	7.61 9000	2000-1-0	_MO	476 60	NO TO	71811
PHYSICIAN'S NAME (Type)	J.M. KICH	WINEM	a Chery a	ELR = 15	mel	1957
220. BURIAL, CREMATI	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR-EREMAJORY	SS4 TOCATION (C	ty, town, or county)	(Stole)
Bened	1420158	HAIRT-R	as	BUR	7855	UK-
23 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS the IL	240. REC	10 0 0 100	REGISTRAR'S SIC	NATURE
4 pin del	4 Dous	100 H- ST	116. Thisk house U	EC 2 2 53	e court a	, Flate 1.
1/						



13939

12072

CERTIFICATE OF DEATH

	- LUU1	3			R	leg, Dist. No.	. 21)			
1. PLACE OF DEATH o. COUNTY Montgome:	ry	MARYLAND	2. USUAL RESIDENCE (W. STATE District o	there deceased lived Columbi	. If institution:	Residence befa	ire admission)			
b CITY OR TOWN RURAL and give	(If autside corporate limits, wr	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	autside corporate lu	mils, write RUR/	AL and give nec	arest fawn) Y			
Bethesda	(Rural)	87 days	Washington	Washington 477						
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give st	reet address)	d. STREET ADDRESS		,		e. IS RESIDENCE ON A FARM?			
U. S. Na	val Hospital		3901 Conne	cticut Av	e., N.W	1.	YES NO X			
3 NAME OF DECEASED	first	Middle	Last	4. DATE OF	Month	Da	ay Year			
(Type or print)	Paule	Vincent	HELLWEG	DEATH	Decemb	per 15	1958			
5. SEX	6. COLOR OR RACE 7	WARRIED 🔀 NEVER MARRIED 🗌	B DATE OF BIRTH	9. AG	The State of the S	Anths Doys	Hours Min.			
Female	Caucasian wo		10-7-81	7	7 yn.	TORINS Days	Hours Min.			
10a USUAL OCCUPAT	ION (Give kind at work done arking life, even if retired)	10b. KIND OF BUSINESS OR INDI	USTRY 11 BIRTHPLACE (Stat	e ar foreign country)		12. CITIZEN O	OF WHAT COUNTRY			
Housewi	fe		France			U.S.A	A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN							
Henri V			Elizabeth	CRIMMINS						
15, WAS DECEASED E	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address					
No		None (H) Fredrick H	ellweg, s	ame as	#2 abov	re			
	EATH [Enter anly one cause p	ver line for {a}, (b), and (c).]				INT	ERVAL BETWEEN			
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CE	erebrovascular d	egeneration			UNS	5-6 yrs			
334X										
Canditians, if	Conditions, if ony, which \ (b) Arteriosclerotic cerebrovascular disease 5-6									
gave rise to couse (a), statin										
lying cause las	(c)									
PART II O	THER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN	IN PART I(o)	9. WAS AUTOPSY			
5 Arterios	clerotic heari	t disease, chron	ic pyelonephi	citis, nne	numonit'	1 a	YES X NO			
□ 20a ACCIDENT V	VAS UNDERLYING (1) 20b.	DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I ar Part 11 of	item 16.)					
* 1	Y MEDICAL EXAMINER)									
20c, TIME OF INJU		t.	LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f (City or to	wn]	(County)	(State)			
Hour a.m	10 11	hile Nat while wark at work	octory, moon, office blog., e.							
21. I certify	that Lattended the dec	eased from Septembe:	r 19 ₁₉ 58 _m D	ecember 1	5 1058 ,	hat I last se	ow the decease			
alive on De	cember 15	9 58 and that deat	h occurred at 2:05	A M from the	SOME OF	t on the de	ta stated above			
		and mor dean	00001100 01111111	ADDRESS (Street, c			DATE SIGNE			
ACTUAL SIGNATURE	John Horr	Viano	MD U. S. Na	val Hospi	tal, NN	IMC	12-15-58			
						*				
PHYSICIAN'S NAME (Type)	J. W. DAVIS.	T.T. MC. USN	Bethesda	14. Mary	land					
220 BURIAL, CREMAT	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY C		22d. LOCATION (City, tawn, or c	ounty)	(State)			
Burial Specif		Arlington 1	National	Arling			rginia			
23 FUNERAL DIRECTO	STOREDE LY	ADDRESS	240 REC	O RY PEGISTRAP	24b REGISTRA	AR'S SIGNATUR	RE			
Tog Cawley	Hic & Sona 17	56 Penn. Ave. NW.	Wash D. Cours	EC 1 8 '53	6	ar S. Fire	n t			

2 should be filed with ofter death Page 4 may be retored by the hospital ar attending physicion.

D FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, as removal, and in any event within 72 hours after death. moy be reto

A.

TO HORRITAL OR ATTENDING PHYSICIAN: The low mquires that the denth certificate be executed within 21 hours V\$ A15 (4) 15M 10/57



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

	10
	100
3	F 18.0
2	133

death Page 4

						Reg. Dist. No.						
	PLACE OF DEATH					2. USUAL RESIDENCE (Whe	re deceases		n. Residence bef	ore admission)	
	h 2	teomerv		MAR	YLAND	o. STATE Maryland b. COUNTY Montgonery						
	b. CITY OR TOWN (IF	outside corporate limit	ls, write	c. LENGTH OF STA	(IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)					
	RURAL and give nec					Rocky	· ·		4 /	, ,		
_	d. NAME OF HOSPITA		ive street	neldenes)		d. STREET ADDRESS	LLLE			e. IS RESIDE	7	
	OR INSTITUTION				li			. 1 1 - D	3	ON A FA	RM?	
		ers Mill	Road			304 Gre	at Fa	alls Roa	d	YES N	0 <u>[[</u>]	
	NAME OF DECEASED	Fin		Middl	e	Lost	4 DATE OF	Manti	h D	ay Yeo		
(Type or print)		ROBIN		P		HIGGINS	DEATH	Dece	mber 6	19	58	
S	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARE	IED 🖸 🛭	L DATE OF BIRTH			IF UNDER 1 YEAR			
	Female	White	WIDOWE	DIYORC	ED 🔲	Sept. 26.	1886	10st birthdoy) 72 yrs.	Months Doys	Hours	Min	
10c	. USUAL OCCUPATIO	N (Give kind of work o	ione 10b.	KIND OF BUSINESS	OR INDUST				12 CITIZEN	OF WHAT CO	UNTRY?	
during most of working life, even if retired) Retired US Gov.						Maryland			US			
13.	FATHER'S NAME	4		213 GOV 4		14 MOTHER'S MAIDEN NAME						
	-	2 71 2 4						L - Dal-				
15	WAS DECEASED EVER	ank Higgi		SOCIAL SECTIONS AN	5 117 BM	IFORMANT K	operi	ta Baker				
(Ye		t yes, give war or dates of se	itaica)		J. /			Addre				
_	No			None		ank Wilson-	<u>6 Mai</u>	ryland A	ve.Cai	thers	bur	
		TH [Enter only one co	use per lin	ne for (o), (b), and (c	4					ERVAL BETW		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Myocar	dial) Interior	hor	1	011	3020		
	420.0	DUE TO		-								
	Conditions, if on	y, which }	G	aleninge	les	tico broat	- 1	102000		V		
	gove rise to im	mediate (, C - Dat OL		NO POSTA				a gra	(ALA)	
	Cottse (a), stating the lying couse last.	he under-	9	PALLOA	1:00	Darles	100	- 1000-	50	15-4	051	
Z				ONTRIBUTING TO D	ATH JUST N	NOT RELATED TO THE TERMIN	JAI DICEASI	E CONDITION CIVE	NI INI PART I/al	10 WAS ALT	OPEV	
IS I				O I I I I I I I I I I I I I I I I I I I		TO RELATED TO THE TERMIN	100 0135031	COMPINION ONE	M IM PART I(O)	PERFORME	ED?	
5	20- ACCIDENT MA	This course of	DOL DEC	20107 1100111 1011111011		40.				YES N		
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	200. 0250	TRIBE HOW INJURY	DCCORRED	(Enter nature of injury in Pa	ort i or Port	I of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o.m.	,	20d. It	NOT While	20e. PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City	or town)	(County)		(Stote)	
Ž	p. m.	19	ol work				1					
	21. I certify the	at I attended the	decease	ed from	reno	, 19 <u>3</u> , ta/	2	6, 1953	that I last s	aw the de	ceased	
	alive an	12-3	_ 125	R, and tha	t death	accurred at 2 30 f	M. from	the causes or	d on the do	te stated	ohave	
				1								

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

615 W. Montgomery Ave. Rockville, Md

220. BURIAL, CREMATION,
_REMOVAL (Specify)
Burlat

22b. DATE THEREOF

G.Hall

22c. NAME OF CEMETERY OR CREMATORY Rockville Union

22d. LOCATION (City, town, or county) Rockville, Maryland

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

Bethesda, Maryland DATE 10 '58

24b. REGISTRAR'S SIGNATURE arthur & France

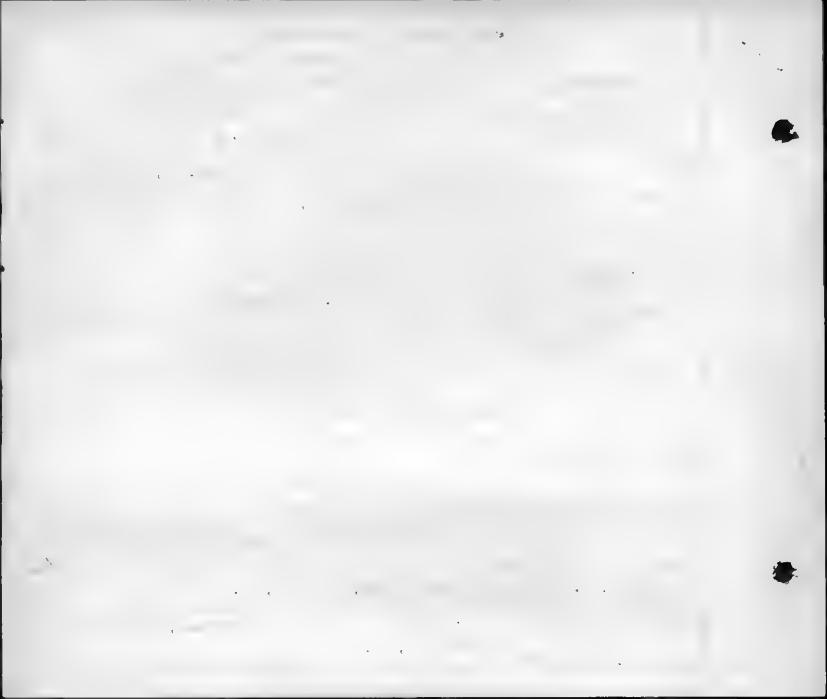
TO FUNERAL ! TO HOSPITAL



-13	13974 CERTIFICATE OF DEATH Reg.	Dist. No.
	1. PLACE OF DEATH o. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL on give negrest lown) Bethesda 2. USUAL RESIDENCE (Where deceased lived. If institution: Residue of STAY IN 16	gomery
74	d NAME OF HOSPITAL (If not in hospital, give street oddress) Suburban Hospital d STREET ADDRESS 5204 Goddard Road	IS RESIDENCE ON A FARM? YES NO IC
	3 NAME OF DECEASED (Type or print) ELIZABETH THOMAS HILL 4. DATE Month OF DECEASED (Type or print) ELIZABETH THOMAS HILL	Day Year 19 58
	Female White WIDOWED March 21, 1873 85 Wgrith	
	Housewife Own Home Virginia	US
-	13. FATHER'S NAME	
	Hugh R. Greene Katherine Seattle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No or unknown) (If yes, give wor or dotes of service) None Robert G. Hill-Item#2	
	18. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Chronos lavoles Heart Moreone & accute UE TO pulmenage adema (b) Agriculture (c) Virial Hearts interhal busease (c) Virial Hearts interhal busease	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 5	PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Mour o. m. 19 While Not while of work	(County) (State)
,	alive an	n the date stated above. DATE SIGNED
	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BUFFMOTATION (City, lown, or count Rose Hill Cumberland, Ma	aryland
4	Bernesda, Md. 240. REC'D BY REGISTRAR 246 REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

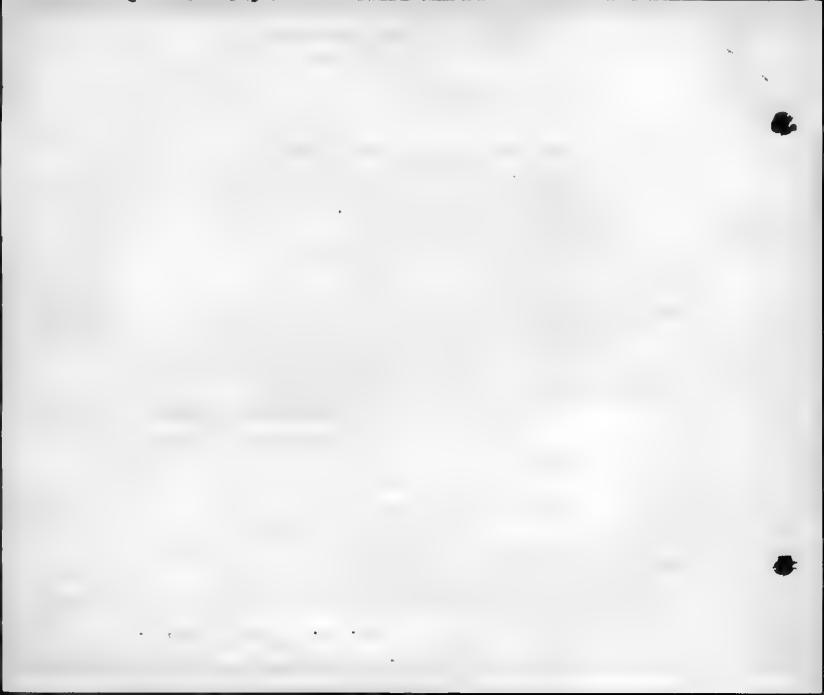


Robert A. Pumphrey-Bethesda-Md.

VS A1S (4)

Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES I NO I Month Year DEATH December 5. 1958 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES INO I (County) (State) that I lost saw the deceased from the causes and an the date stated above. 22d. LOCATION (City, town, or county) Darnestown . Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Arthur S. Triana 8 '58 DATE



13943

		3976		E EXAMINER	J CERTIFICA	TE OI	DEATH.	Reg, Dist. No.	
1,	PLACE OF DEATH				2. USUAL RESIDENCE			Residence before	admission)
	. COUNT	Montgomer	·V	MARYLAND	o. STATE Mary	land	b. COUNTY	M ntgo	merv
ŀ	CITY OR TOWN III	pulside corporate I mils, writ		c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs'de corpo	prote limits, write RUI		
	Damae	•		7 vrs	X Damas	scus			
(NAME OF HOSPIT	AL OR INSTITUTION (If not in bos	pital, give street address)	d STREET ADDRESS			e	IS RESIDENCE
	972	1 Main St		Allertan Printer Works	9721	Main	St.	Υ	ES NOT
3.	NAME OF DECEASED	Fir	st	Middle	Lost	4 DATE	Month	Doy	Yeor
	(Type or print)	Edd1			Hodges	DEATH	12/13/	58	19
5. 5	EX	6. COLOR OR RACE	7 MARRIE	DE NEVER MARRIED	DATE OF BIRTH	1	former for each plant to		UNDER 24 HRS
	male	white	WIDOWED		2/18/92		66 yrs. ""	onths Days He	ours Min.
10a	USUAL OCCUPATION USUAL OCCUPATION OF WORKING WORKING	ON (Give kind of work g life, even if retired)	done 10b K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot	e or foreign co	untry)	12. CITIZEN OF W	HAT COUNTRY?
	labor	er			Va	•		USA	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		r Hodges			Eliza	Atkins	3		
	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO 17, I	NFORMANT		Address		
	No		22	28809-4627 W	m. E. Hodg	ges, Da	amascus,	Md.	
		TH Enter only one cou	se per line f	for (o), (b), and (c).]	The Country of the Co			INTERVAL ONSET AT	BETWEEN OD DEATH
	PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Coronary	occlusion			Fo	und dead
	420.1	DUE TO							floor
	Conditions, if o							of	home
	gave rise to immed (a), stating the								
	couse lost.	(c)							
CERTIFICATION	PART II, OTH	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVEN	IN PART 1(0) 19, V	ERFORMED2.
	20a. EXTERNAL CAL PRIMARY Or COL CAUSE OF DEATH.	USE WAS NTRIBUTING []	b DESCRIBE	HOW INJURY OCCURRED	Enler nature of injury in Pa	ert I or Port II o	£ item 18.)		
MEDICAL	20c. TIME OF INJUI Hour o, m,	RY Manth, Doy, Yes	While		CE OF INJURY (Home, far ory, street, office bldg., el	m, 20f. (City o	or fown)	(County)	(Stote)
	21. I certify th	at I took charge		emains described abo	ve, held an Auton	sy . Ins	spection 🛱, I	nguiry 🔼	and in my
				ouses [] Accident		Homicide	- I	ined monner	
		1-							
	ACTUAL SIGNATURE	Trans)	. 13	smitmit	M D. CHIEF MEDICAL E		_	D/	ATE SIGNED
	EXAMINER'S NAME (Type)	Frank J.	Bros	chart	DEPUTY MEDICAL	v	_	12/13/	/58
220	BURIAL CREMATIO REMOVAL (Specify) Burial	Dec.16.		Mt. Leba			Damascu		(Stote)
23	FUNERAMOIRECTOR			ADDRESS	240 REC	D BY REGISTR		IR'S SIGNATURE	
	11/1/2 3	T. Woles	worth	Damascus,	M.A.	DEC 1 9 1		un & Frank	

VS. A15ME 5M 2/57



death.

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

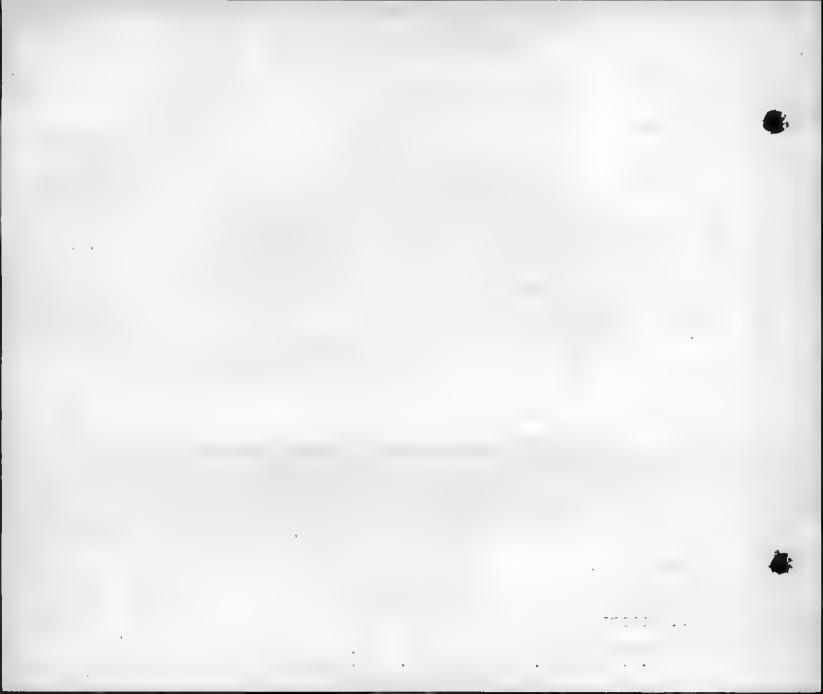
13873 CERTIFICATE OF DEATH

13945

	46	-					Keg	. Dist. No.	
1.	PLACE OF DEATH o. COUNTY			2. USUAL RESI	DENCE (Where		If institution: Re	idence before	admission)
	Montgomery		MARYLAND	1	1-1411	and	COUNTY	1007.0	MATINET
	b. CITY OR TOWN (If outside corporate limits,	write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (If louisid	le corporate lim	its, write RURAL	and give neare	it town)
	RURAL and give nearest town) Takamalark		3 days	13;	luer S	Spring			,
	d. NAME OF HOSPITAL (If not in hospital, giv. OR INSTITUTION	e street o		/d. STREET /	DORESS			e,	IS RESIDENCE
	hash Som + Mast	7		504	Starl	no Ro	<u></u>		ON A FARM?
	NAME OF DECEASED		Middle	1/		DATÉ OF	Month	Day	Yeor
		1 a s		Humi	SALTERIT	DEATH		er 20	1958
			ED NEVER MARRIED	B. DATE OF BIRY	H	9. AGE	(In years IF Uh birthday) Man		UNDER 24 HRS
		VIDOWEI		7-1	1-70	8	8 yrs		
D	 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 	ne 10b. I	(IND OF BUSINESS OR IND	USTRY 11 BIRTHPI	ACE (Stote or fo	preign country)	12		WHAT COUNTR
	Plumber retir	ed	Contracto	r	D.C.			U.S.	A
3	I. FATHER'S NAME			_	MAIDEN NAMI	E			
	Thomas Humg	phite	7	Ke	5e -				
	WAS DECEASED EVER IN U. S. ARMED FORCE		OCIAL SECURITY NO 17	INFORMANT	4		Address	,	
Ì	no		no -	watter	Home	where	(3:.)	() n	icl
	18. CAUSE OF DEATH [Enter only one cous	e pec line	e for (o), (b), and (c).]			7		INTERV	AL BETWEEN
	PART I. DEATH WAS CAUSED BY:	· K	1	carcinew	. ^			ONSET	AND DEATH
	. IMMEDIATE CAUSE (o)_		THE STORY OF THE STORY	- 011 - 1110 97				o	mos
	DUE TO								
	Conditions, if any, which) (b)_								
	gove rise to immediate (
	lying couse lost.								
z	/ (-)	TIONS CO	ONTRIBUTING TO DEATH BU	T NOT PELATED TO	THE TERMINAL	DISEASE CONIC	ITIONI CIVEN IN	PART 1(a) 10	WAS AUTORCY
ということが	TAN W OTTER SOUTHERN CONDI		SITING WIND YOU DEATH BO	THOT RECALLS TO	THE TERMINAL	DISCASE CONE	HIGH GIVEN IN		PERFORMED?
KIIF	20g. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH	0b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture o	Injury in Port	l or Part II of it	pm 1B }		
7	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
Š	20c. TIME OF INJURY Month, Day, Year	20d. IN.	JURY OCCURRED 200. P	LACE OF INJURY	Home, form, 2	Of. [City or town	1)	(County)	(State)
MED	Hour o.m.	While of work		octory, street, office	: bldg., etc.)				
ì			D	10 1058	De	- 20	170		
	21. I certify that I attended the d	ecease	3		- Int 1-2		, 19 <u>5</u> 4,tho		
	alive on Dec. 20	. 192	and that deat	h accurred at				n the date	stated above
	P +1	? (D# 1	2-		1 2 1	or town, stole)		DATE SIGN
	SIGNATURE (Denne)	1. 0	ores, fr. a. P	M.D. 4301	Colesyil	le Rd.	Silvers	ering N	ld. Dec.2
	BUVERELALUE		10			7			
	PHYSICIAN'S NAME (Type)								
?	BURIAL CEFMATION 226. DATE THEREOF		22c NAME OF CEMETERY	OR CREMATORY	224	LOCATION (C	ly, lown, or cour	ity)	(Stote)
	12/22/58		Glenwood	Cemeter			ngton.	D.C.	, ,
3	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Wash		24a. REC'D BY		24b. REGISTRAR'	SIGNATURE	-
η	The S H Hines Co	2001			DEC 2	4 '58	Colling	_	

eral director, be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to the haspital or attending physician.

O FUNERAL DIK DR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIK TO HOSPITAL OR VS A15 (4) 15M 10/57



1004 Reg. Dist. No.

	Kag, 5151, 140,
1. PLACE OF DEATH O. COUNTY ON + 9 O'M ERU MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY
b. CITY OR TOWN (if outside korporate timits, write c. LENGTH OF STAY IN 1b RURAL, and give nearest the high)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
S. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
Washington Janitarium Y+bsp.	168 tleet wood leville I VES I NO IX
3. NAME OF DECEASED (Type or print) FRANK Peter	Hunt d. DATE Month Doy Year DEATH 12 - 5-1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE	DUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAME	14 MOTHER'S MAIDEN NAME
trank Hunt	MAYgare Ha HAYES
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yee, no or unknown) If yee, give wor or defet of service)	Wife & Chart
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	or Citates factore ONSET AND DEATH
· 420,1 DUE TO	
Conditions, if any, which (b) (c) 2011 22,	: Diceoast ofthe win & you.
lysig couse lost.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BY 200 ACCIDENT WAS UNDERLYING CONTRIBUTING COURT OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER;	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
	RRED. (Enter nature of injury in Part I or Part II of Item 18)
20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e Hour o m p. m. 19 While Not while of work 10 of w	PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1000	4 , 1957, ta A 55 5 , 1958 that I last sow the deceased
alive on A CC 5 , 195 6 , and that dea	ath occurred at 10:15AM, from the couses and on the date stated above
* ACTUAL Robert Tatare.	M.O. Julian State Street, city or town, stole) DATE SIGNET M.O. 17/5/55
PHYSICIAN'S TOBE, TH. Hare: - Att	tended with & s. To Beige many wookes candleitife
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 12/8/58 Ft. Lincoln 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
P. Gaschie Pons Hypathamille Manual	& mo 1 77 x1 - 9 45 44

moy be recorded by the hospital or ottending physician.

D FUNERA (RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. The lease remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remanal, and in any event within 72 hours after delib. moy be re VS A15 (4) 15M 9/55

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha.

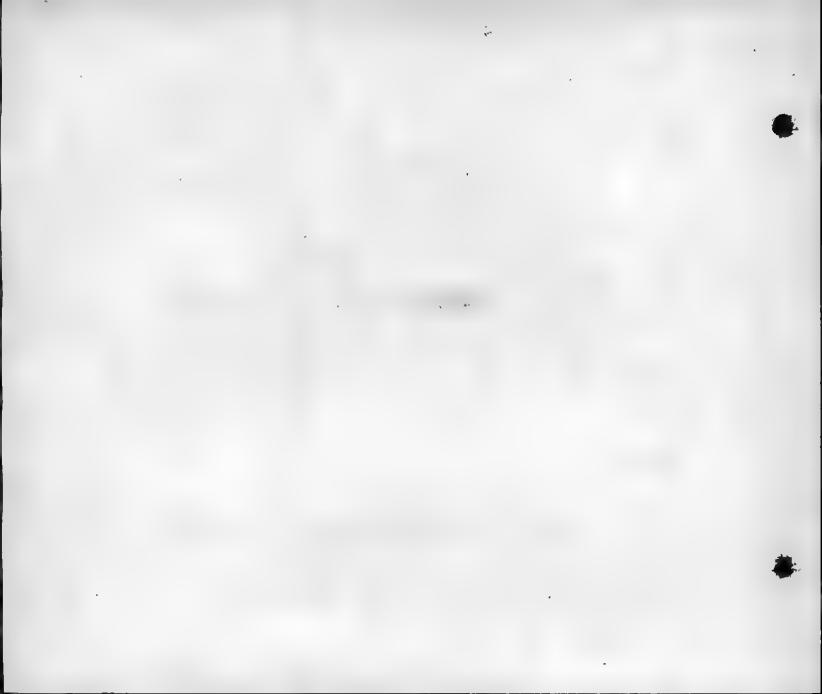
ofter death: Poge 1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13947

FOR STA			13978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.
HEALTH I	DEPT.	1,	PLACE OF DEATH o. COUMOntgomery 2. USUAL RESIDENCE (Where deceased lived. If Institution of Country of STAIMaryland b. COUNTY)	on: Residence before odm ssion) Montgomery
sary, ple	ng lei	E	CITY OR TOWN (If outside corporate limits, write Chevy Chase	RURAL and give nearest fown)
s produced and a grand	50	80	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OO1 Kerry Lane / d STREET ADDRESS 8001 Kerry Lane	e IS RESIDENC ON A FARM YES NO
y delay the fune e retain he State er deat			NAME OF DECEASED (Type or print) JOHN First L. Middle HUNTINGTON DEATH Dec. 1	Doy Year 19 58
h. If an id 3 to 1 5 may b 2 with 1 cours aft]	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH White WIDOWED DIVORCED June 30, 1900 9. AGE (In your lest birthday) 58 yrs.	Months Days Hours Min.
Poge I ond hin 72 h	I)	Ir	c USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) undustrial Consultant Indiana	12. CITIZEN OF WHAT COUNTE
S of Ses MG.		13.	FATHER'S NAME	
m P Po		_	Oscar Huntington Barbara Jahe Richard	lson
Gird For		(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SEGURITY NO. 17. INFORMANT Address (If you go or doles of service)	
m the second se			yes WW 1 216238-5364Ruth H. Huntington-Item# 2	The second secon
and ind			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY-	Sudden
of the last			IMMEDIATE CAUSE (6) COPOLIATY OCCIUSION	sudden
ffice trou			HOLO. / DUE TO	
A SOLIS E			Cenditions, if eny, which gove rise to immediate couse (b)	
in i			(e), stating the underlying DUE TO	
sho omg omi		z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	FN IN PART ILLIAN WAS ALTORS
pendii cal Ex ssed crema)	CERTIFICATION		PERFORMED?
ward " ward " If Med build be			20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Part I or Part II of item 18) CAUSE OF DEATH.	
ng the be Chie ge 3 she ar to b		MEDICAL	20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) P. m. 19 of work of work	(County) (State)
Pog pr			21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection	Inquiry 🔀, and in m
Ent Sent			opinion death resulted fram: Natural causes 🔼 Accident 🔲 Suicide 🔲 Homicide 🔲 Undeter	mined manner
A COUNTY OF THE				DATE SIGNED
DIR.	1		SIGNATURE Trank 1 / mechant M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
UTY M	OC,		EXAMINER'S NAME (Type) Frank J. Broschart DEPUTY MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO	12.1/58
Share Share		220	0. BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or REMOVAL (Specify)	r county) (Stole)
5 4 5 m			Burial 12/3/58 Arlington Cemetery Arlington.	Virginia TRAR'S SIGNATURE
VS A15ME 5M 2/57			Robert A. Pumphrey Bethesda, Maryland DATEDEC 5'58 Call	hun S. Kraus



13948

11					CERI	IFICA	IE OF DE	4111		Reg. [Dist. No.	
	1. 6	LACE OF DEATH COUNTY	2.597		MAI	RYLAND	2. USUAL RESIDENCE O. STATE Maryla		ased lived If inst	Hon Resident	ence befor	e odmission)
4)	ŀ	CITY OR TOWN (RURAL and give no	f outside corporate	limits, write	c. LENGTH OF STA	Y IN 1b	c CITY OR TOWI	V (IF outside co				rest town)
ノ		19-Claget	t Dr.Rock			ths	X	Bea	llsville	J		
77)		OR INSTITUTION	AL (If not in haspite	I, give stree	et address)		d. STREET ADDRE	SS				IS RESIDENCE ON A FARM? YES NO
Ī	3 1	IAME OF		First	Midd	le	Lost	4. DAT	E	Month	Doy	Year
	(Type or print)	Willi		Eugene		Hurt	DEA	TH DE CE	MIER	21	19 5 5
	5 S	EX	6. COLOR OR RA	CE 7 MA	RRIED NEVER MARI	RIED 🔲 B	DATE OF BIRTH		9 AGE (In ye			IF UNDER 24 HR
		Vale	White		VED DIVORC		July 25 •	-1894	64	λιε		Hours Min
	10a.	during most of work	DN (Give kind of wo	rk done 10 red)	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE	Slate or foreig	n country)	12. C	ITIZEN O	F WHAT COUNT
			Montg.Co	Md E	nployee		Virg	P.A. Land			U.S.	
	13.	ATHER'S NAME					14 MOTHER'S MAII	DEN NAME				
			ohn S. Hur				Emma, L	ambert				
		NAS DECEASED EVE	R IN U. S. ARMED I If yes, give wor or dates	of service)	S. SOCIAL SECURITY N	_ 1	TORMANT			Address		
	Y	0.5	1914-19	10	577-26-7931		rs Rugene	Hurt,1	119-Clag	ett_Dr	Roc	cville, M
					line far (a), (b), and (c	and the same	6		,		INTE	RVAL BETWEEN
		PART I, DEA	TH WAS CAUSED B IMMEDIATE CAUSE	(o) HE	MMORRALE	TRE	M ESUFHA	BEAL !	ARICES			1.1/A 1.5
		. 1.0	DUE	_	4 .							/
		Conditions, if an gove rise to in	mmediate		RRHOSIS	OF	LIVER				10	i, - a.
		couse (a), stating		TO								/
-1	z	lying cause last.	IER SIGNIFICANT C		CONTRIBUTING TO D	EATH BUT A	ACT DELATED TO THE	Provident Disc	LOT COLIDITION			
	CATION										(KI 1(0) IS	WAS AUTOPS
	CERTIF	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEA MEDICAL EXAMINE	20b DE TH R}	SCRIBE HOW INJURY	OCCURRED	(Enter nature of inju	ry in Part For I	Part II of item 18.	t		,
	MEDICAL	20c. TIME OF INJUR	Y Month, Day,		INJURY OCCURRED	20e. PLAC	E OF INJURY (Home	form, 20f (6	City or town)		(County)	(State
1	MEC	Hour a.m.	. 1	9 While	e Not while at work	1000	rry, sireer, ornica brog	i, exc.)				
		21. I certify th	at I attended t	he deced	sed from JUNE	20	, 1 <u>9 ට්රි</u> _, ta	DECEM	BEK 3 19.	53' that I	L lost so	w the decen
		alive an DE	LEMAR .	-9			occurred at 1	15/2M. fr	am the cause	s and on	the dat	e stated abo
					- 1				(Street, city or to			DATE SIGN
,		ACTUAL SIGNATURE	Ellerin	-	carit	м	0.544 N. M.	exited in	EBY IXV	E Josh	CUILLE	12/211
		PHYSICIAN'S					- /		7	2		
		NAME (Type) \//	Mars:	RAINA	(, M, D.		344 W ME.	Locies	YNVE	MULKE	144	Ind
	220.	BURIAL, CREMATION REMOVAL (Specify)	N, 226 DATE THE	REOF	22c. NAME OF CE	METERY OR	CREMATORY	229 TO	CATION (City, lov	rn, or county))	(Stole)
	0.0	Burial	12/27/	58	Monoca	CV		Be	allavi	AN MA		
1	23. I	UNERAL DIRECTOR"	SIGNATURE	0	ADDRESS SCOT	-100	Land 1	REC'D BY REG	ISTRAR 245		SIGNATUR	
	1	Ulleton	LD. Hu	lou	warne.	sulle	DAT	DEC 2 9 '	58	wins S.	Trace	

TO HOSPITAL OR TO FUNERAL **VS A15**

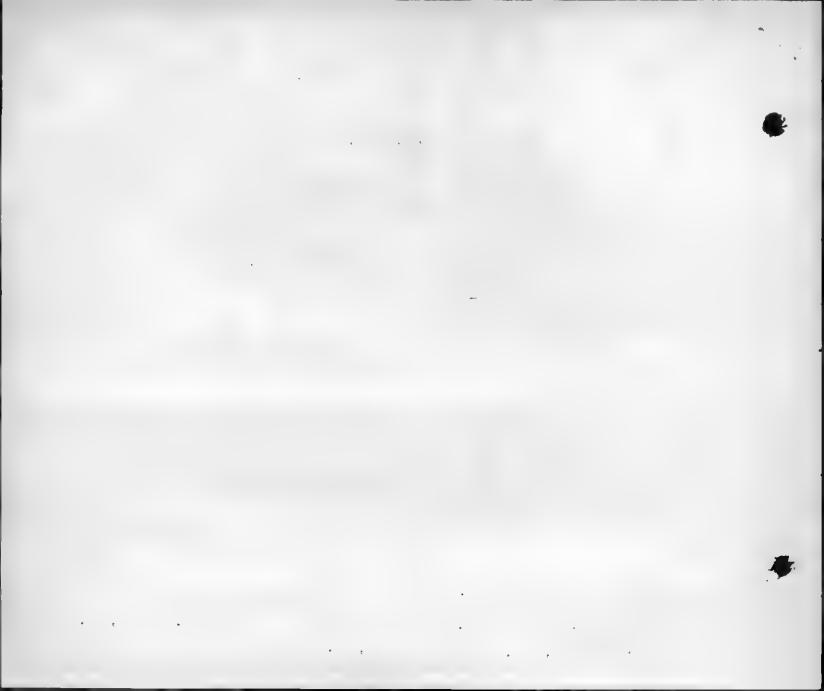


VS A15 (4) 15M 10/57 13949

13979 CERTIFICATE OF DEATH

Reg. Dist. No.

1	PLACE OF DEATH COUNTY Montgome	ry		MARY	LAND	² USUAL RESIDENCE (** * SMTE **Maryla	Where deceased	b. COUNTY	on Residence b Montgo	omery	CO.
	RURAL and give no		ls, write	c. LENGTH OF STAY		c. CITY OR TOWN (ote limits, write R	URAL ond give	nearest town)
	Olney			3 hours		<pre> y Brookev:</pre>	ille				
	OR INSTITUTION	AL (If not in hospital, g	ive street a	iddress)		d STREET ADDRESS				e. IS RES	IDENCE
M	on gomery	Co. Gene	eral	Hospital	., I	nc. ROL	ITE #1			YES [
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon			Yeor
	(Type or print)	Warren		<u> Vivian</u>		Jack	DEATH	1.2	2- 7		5 8
5.	SEX	6. COLOR OR RACE	7 MARRII	ED NEVER MARRIE	D 🔲 8	DATE OF BIRTH		9 AGE [In years	IF UNDER 1 YE		
	Male	White	WIDOWED	_		10-3-04		lost birthday) 54 yrs	Months Doy	s Hours	Min
10	On USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	done 10b. K	CIND OF BUSINESS OF	RINDUST	RY 11 BIRTHPLACE (Sto	ote or foreign co	untry)	12 CITIZEN	OF WHAT	COUNTRY
	<u>carpente</u>	r				Virgi			J	J. S.	A.
13	, FATHER'S NAME					14 MOTHER'S MAIDEN					
	Andrew J					Sally !	Zimbro				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17 INI	ORMANT		Addr	ress		
	No		57	8-12-8345	Be	ertha Jacl	k		same		
F	18. CAUSE OF DEA	TH [Enter only one co	use per line	for (a), (b), and (c)]						NTERVAL BE	TWEEN
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o)	(i	vonary Oc.	clusi	on-Mysia	dial I	narction	0	NSET AND	DEATH
	420.1	DUE TO		1				1			
	Conditions, if or	ny, which) (b)	C.	ovenam	Arl	en Disc	× 5 P			7 4	11
1	gave rise to in	nmediale (-/-	-
	lying couse lost.	ne <u>under-</u>		·		•					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY										
ATIC							mineral programs	CONDITION ON	DITITION NO.	PERFO	RMED?
213	20g. ACCIDENT WA	S LINDERLYING D	20h DESCI	BIBE HOW INTERVOC	CHBBEO	(Enter nature of injury i	- Post t as Bast	H of the 10 h		AF2 FM	NO 🗌
CERT. FICATION		S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	NO. DESC.	NIDE FIGHT HAJORT OC	CORRED	(chier notore of injury i	in roll for roll	ii or irem 19.)			
MEDICAL	20c TIME OF INJURY	Month, Doy, Yea		JURY OCCURRED	20e PLAC	E OF INJURY (Home, fa	rm, 20f (City	or town)	(Count	y)	(State)
AED	Hour o.m	19	While of work	Not while of work	Focto	ry, street, office bldg., e	etc.)				, ,
-		at I attended the			.1	. 1952 to	1000	7 575			
	1 .9	. 7	ueceusei				Dec.	/	that I last	saw the	deceased
Н	alive an	7+	_, 122_	ond that	death d	occurred at 4	LIZM, from	the causes a	nd on the c		
	ACTUAL SIGNATURE	000	0.	1.0			ADDRESS (Sir	eel, city or town,	state)	DA	TE SIGNED
	SIGNATURE	L hebrand	N.	J. M.	M.	D				12/	1/28
	PHYSICIAN'S R-	ichard A. Y	ntac	V D		07					•
				М.Б.		Olney,	Marylar	ıd			
	O. BURIAL, CREMATION REMOVAL (Specify)	12/10/58	F	FT. LINCO			22d LOCATI	ON [City town. o	COUNTY .	MD (Stote	}
23	ARNER DIRECTOR	SIGNATURE UMPHPEY 1	NC.	ADDRESS SILVER SI	PRINC	, MID .	C'D BY REGISTR	AR 24b REGIS	TRAR'S SIGNAT	URE	
L	KUYMERUK	a. Dare	a)			DATE	1 5 '59	10,4			
		_							7 7. 70 300	7-	



flor. Page four files.

TO DEPUTY MEPICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is neveral execute the ficate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be 72 karded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to 10 FUNERAL DIRECTOR: Page 3 shauld be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

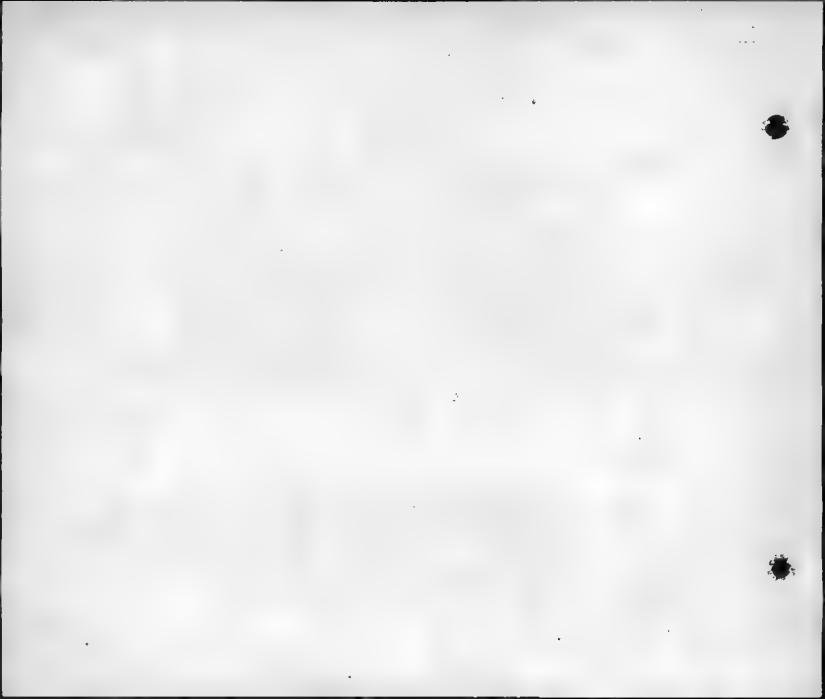
13950

13980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

29	Statut.	B. S.
Reg.	DIST.	140.

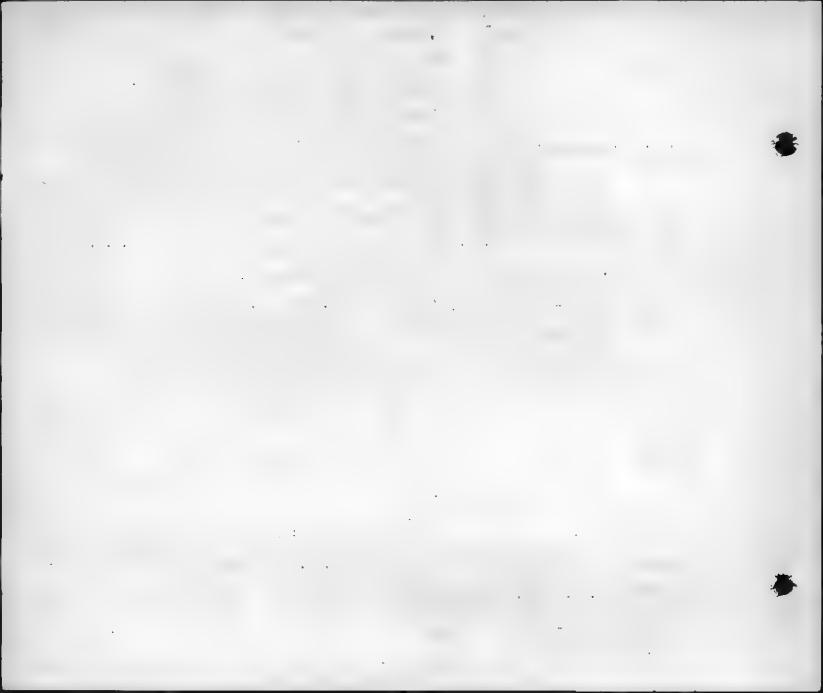
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Resider	ice before admission)		
o. COUNTY Montgomery County MARYLAND	District of Columbia COUNTY			
b. CITY OR TOWN (Fourtide corporate unit), with RURAL c. LENGTH OF STAY IN 16 and give negrest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)		
Bethesda (Rural) DOA	Washington	4		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e 15 RESIDEN F ON A FARM?		
U.S. Naval Hospital, Bethesda, Md.	1314 "K" Street, SE	YES NO X		
3. NAME OF First Middle Middle	Lost 4 DATE Month	Day Year		
(Type or print) Brevard Curtis	JACKSON DEATH December	23 1958		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	ford brothelers)	YEAR IF UNDER 24 HRS		
Male Negro WIDOWED DIVORCED	25 July 1911 47 yrs. Months C	Poys Hours Min		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11 BIRTHPLACE (State or foreign country) 12 CITIZ	EN OF WHAT COUNTRY?		
Engineer Boiler Work	South Carolina U.S	3.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John BREYARD JACKSON	Sally CULBERSON			
	FORMANT Address			
	s. Annie JACKSON, 1314 K St., S.E	., Wash., D.C.		
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) }	THE RESERVE OF THE PROPERTY OF	INTERVAL BITMEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: Cerebular vascular	accident	Two hours		
33/X DUE TO		T -		
Conditions, if ony, which) (b) Hypertension		Two years		
gave rise to immediate couse (a), storing the underlying DUE TO				
couse fast. (c)				
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY		
5		YES NO		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200, EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)			
	E OF INJURY (Home, form, 120f. (City or lown) (Courry, street, affice bldg , etc.)	nty) (Stote)		
Hour a.m. While Not while factor p. m. 19 of work of work				
21. I certify that I taok charge of the remains described above	ve, held an Autopsy 🔲, Inspection 💢, Inquiry	(X), ond in my		
opinion death resulted from. Natural couses 🗓, Accident	, Suicide , Homicide , Undetermined m	anner 🗍		
	The state of the s			
SIGNATURE Trans Q. Browhent	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED		
	ASSISTANT MEDICAL EXAMINER			
NAME (Type) Frank J. BROSCHART	DEPUTY MEDICAL EXAMINER 🖔	12/23/58		
220. BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county)	(Stote)		
Burial 12-29-58 Arlington Na	tional Arlington Vir	ginia		
23 FUNERAL DIRECTOR'S SIGNATURE DELLA CO ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN			
W. E. JARVIS, Funeral Home 1432 U St. N	W. WDC DATE DEC 2 9 '58 Chang 2.	i arek		





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13952 13982 CERTIFICATE OF DEATH Red. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission a. COUNTY ğ **6 COUNTY** MARYLAND Montgomerv Maryland Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn) RURAL and give negrest town) Bethesda O (Rural 16 days Barnesville d NAME OF HOSPITAL (If not in hospital, give street address) #d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION ON A FARM? U. S) Naval Hospital YES THO IX NAME OF Middle 4. DATE Lost Month Dov Year DECEASED (Type or print) DEATH Mark Pulliam. JUNIOURS 19 58 December 6. COLOR OR RACE 7 MARRIED TI NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours DIVORCED [7] Male White WIDOWED [7] yrs 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Electrician S. Navy U.S.A. Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Benton JEFFERS Glovinia DEACTNS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANI Address of Inding Mrs. Julia E. Jeffers, same as 1/2 above Yes None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse tost. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🛐 NO 🗍 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Not while at work | at work | 21. I certify that I attended the deceased from November 26, 19 58, to December 12, 19 58, that I last saw the deceased alive on December 12 and that death accurred at 10:45AM, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE U. S. Naval Hospital, NNAC 12-12-58 PHYSICIAN'S Bethesda 14. Maryland NAME (Type) FUNER, Ö 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, ŁOCATION (City, town, or county) (State) REMOVAL (Specify) 12-15-58 Burial Monocacy Cemetery Beallsville Maryland O 22 FUNERAL DIRECTORS SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) Hilton's Funeral Home, Barnesville, Md. DATEFO 1 15M 10/57 is allevan 13. Hallow



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13983 CERTIFICATE OF DEATH

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

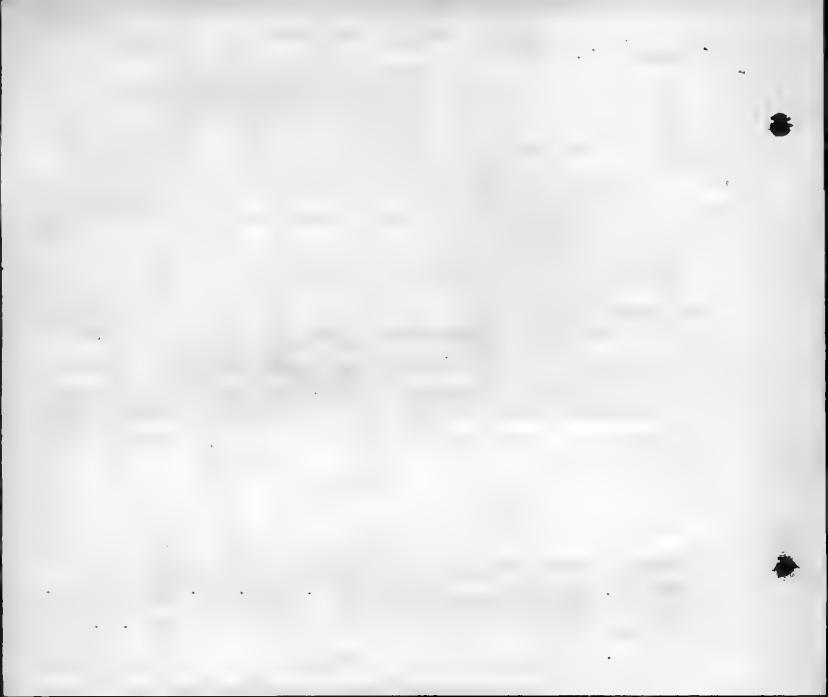
TO HOSPITAL OR may be retain TO FUNERAL D

DEUNERAL CONTROR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shaula be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2

the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

funeral director, ald be filed with 13953 Reg. Dist. No.

1. PLACE OF DEATH	nontain	POLL MARYLAND	2. USUAL RESIDENCE D	Where deceased lived. If b. C	institution: Residence OUNTY	before admissio	on)
RURAL and average	11 11-11 7	C LENGTH OF STAY IN 16	c. CITY OR TOWN (I	st VIEW	Mary Land	nearest lown)	
d. NAME OF HOSPITA	AL (If not in hospitol, give street	/	d. STREET ADDRESS	Ray	N 13/110	o. is RESIL	DENCE FARM?
3. NAME OF DECEASED (Type or print)	Fini	Middle	Lost / same	4. DATE OF DEATH	Menth	Doy Ye	958
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED D	8 DATE OF BIRTH	9. AGE (Illost bir	thdoy) Mogths De	EAR IF UNDER	
during most of worki	N (Give kind of work done 10b.		STRY 11. BIRTHPLACE (SIO	te or foreign country)	12. CITIZE	N OF WHAT	COUNTRY
3. FATHER'S NAME	rea.	1/2 -1	14 MOTHER'S MAIDEN	I NAME	- ?	1	9
[Yes, no. or unknown)	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Emma Du	irham	Address 407	-mes	- they
PART I. DEAT	TH [Enter only one couse pendi TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (a). (b). and (c).]	l Faile	went -		INTERVAL BET	
Conditions, if on gove rise to in couse (a), stating the lying couse lost,	he under DUE TO	Coronary	Insuf	Person	7	Umbr	···
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ON GIVEN IN PART 1	SY 19, WAS AI PERFOR YES A	MED?
200. ACCIDENT WAS	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Port I or Port II of item	18)		
20c. TIME OF INJURY Hour o. m.	White	L.	ACE OF INJURY (Home, for clory, street, office bldg., o		(Cou	nly)	(State)
21. I certify the	at Nattended the deceas	70-9	19.55 to	M, from the co	uses and on the		d abave.
ACTUAL	Klimp	Perj	MO. GOKT	ADDRESS igneed, city of	ellithing	The !	re signed
PHYSICIAN'S NAME (Type) W				ontg/ Ave	. Rockvi	lle, M	id. 3
220. BURIAL CREMATION REMOVAL (Specify) BULLAL	12/24/58	Rocks Cree	or CREMATORY ek Cemetery	22d LOCATION (City.	ngton D.	C. (Stole)	
23. FUNERAL DIRECTOR'S Robert A		ADDRESS Bethesda, Ma			b. REGISTRAR'S SIGN	ATURE	
	J		TO THE PARTY	9-4-300	7 -1 0 4		



22c. NAME OF CEMETERY OF CREMATORY

ADDRESS

22d. LOCATION (City, Jown or county

24b REGISTRAR'S SIGNATURE

Circling S. Fleases

24a, REC'D BY REGISTRAR

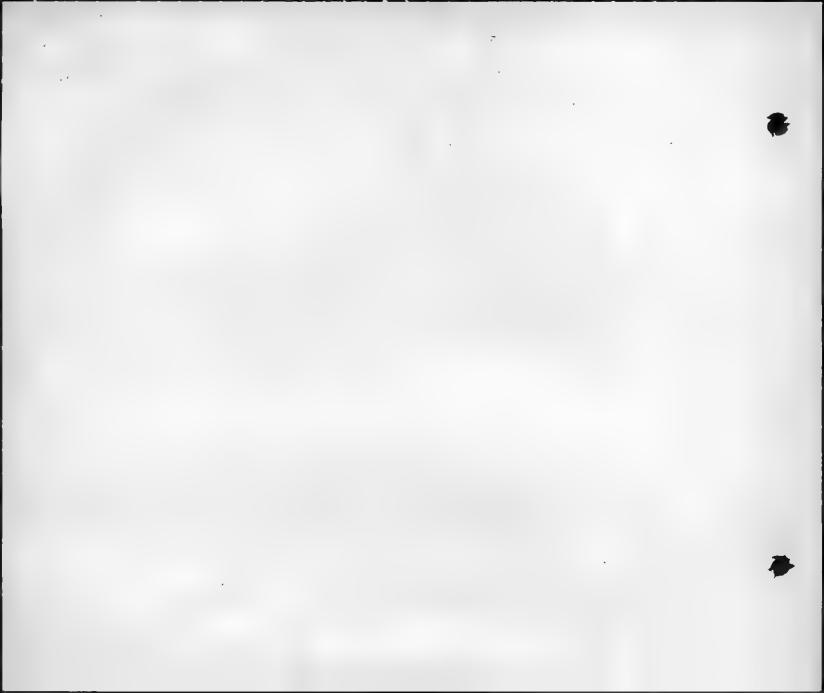
VS A15 (4)

220 BUBIAL, CREMATION,

CREMOVAL Specify

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



ADDRESS

Bethesda, Md.

A. IS RESIDENCE ON A FARM?

YES NO

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN UNSET AND DEATH

PERFORMED?

DATE SIGNED

(State)

NO 🖃

(Stote)

Canada

IF UNDER 24 HRS

58

Rea. Dist. No.

Montgomery

Day

31

Days

Same as

Father

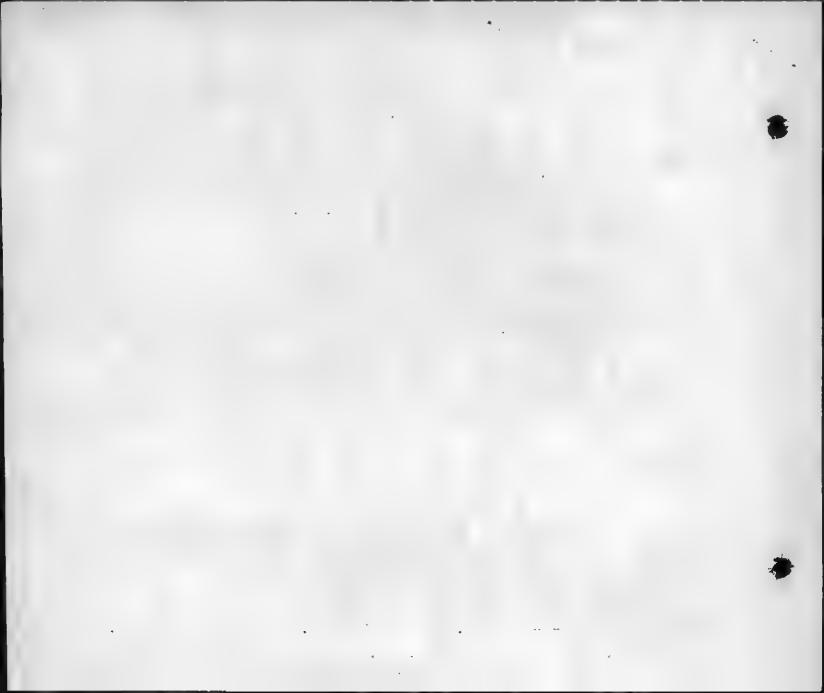
Montreal. Canada. 24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

(County)

VS. A15ME(5) 5M 9/55

23. EUNERAL DIRECTOR'S SIGNATURI ROBERT A PUN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13958

. IS RESIDENCE

Hours

ON A FARM? YES 🔲 NO 🗾

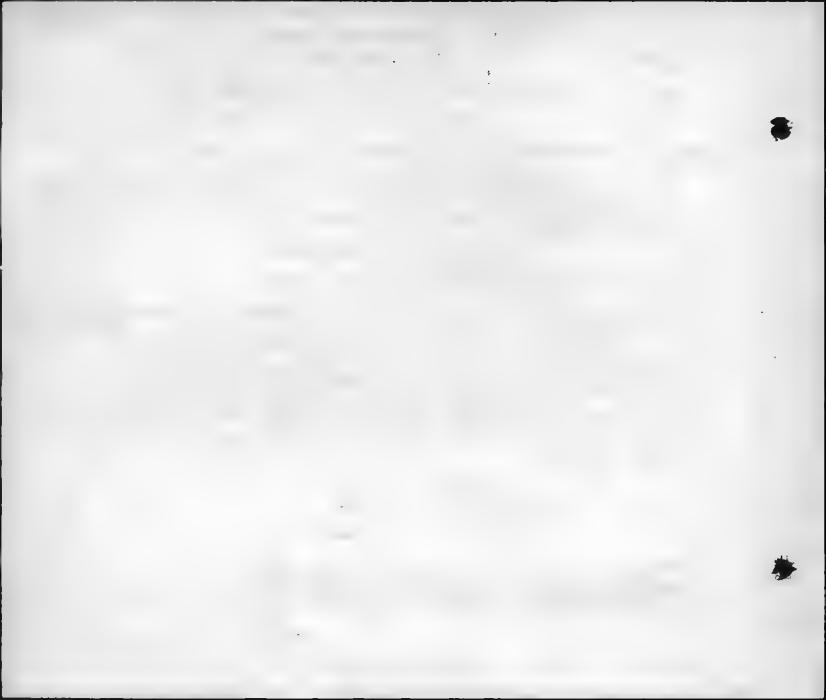
Yeor

PERFORMED? YES NO D

(Stote)

DATE SIGNED

(Stole)



	الد	304	U CEKIII	ICAI	E OF DEATE			Reg. Dis	l. No.	
1, PLACE OF DEATH					USUAL RESIDENCE (Who STATE	ere deceased		n, Residenc	e before od	mission)
Montg	ome ry		MARYL		Maryland		ь. county Mont	gomer	У	
	f outside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	utside corpori	ole limits, write Ri	JRAL and g	ve negrest t	Own}
Takoma Pak				13	_ Silver Sp	ring.				
OR INSTITUTION	AL (If not in hospital,			,	d. STREET ADDRESS				01	RESIDENCE
	<u>n Sanitari</u>	um ar	d Hospital		1018 Osage	Stree	et,		YES	□ NO
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mont		Day	Yeor
(Type or print)					Keene	DEATH	Decembe			19 58
SEX	6. COLOR OR RACE	Z. MAR	RIED 🔲 NEVER MARRIED	B D	ATE OF BIRTH		9. AGE (In years last birthday)		Doys Hou	NDER 24 HRS
Female	White	WIDOW		terms.	December 1		yrs		7071 1100	20
On. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign col	untry)	12. CITI	ZEN OF WH	AT COUNTR
					Maryland	l		An	merica	
3. FATHER'S NAME				1.	I. MOTHER'S MAIDEN N	IAME				
Samuel	James	Kee	ene		Carolin J	Jeanine	e Nestle:	c		
	R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess		
no	()				father		same			
	TH Enter only one co	ouse per li	ne (or (o), (b), and (c)		1/				INTERVAL	BETWEEN
	TH WAS CAUSED BY:	(,	1. 1	i T	11/2	7 1.			ONSET A	ND DEATH
1	IMMEDIATE CAUSE (c	1	The rearce of	Joseph Jack	with the	CIPEL CE	٠		-	
1 ,6	DUE TO	/	700	-4-	, ,					
Conditions, if o			ely duch	ykes	and the same					
gave rise to i)	7' _			,				72 -
lying couse lost.) (e	3	1 - x nou	wite_	"une h				181	mir .
PART II OTH			CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
ž									PEI	RFORMED?
PART II OTH	S HAIDERIVING [7]	205 DES	CRIBE HOW INJURY OC	CHIRDED IS	alex nature of inverse in P	Part Los Port	II of item 18 t		163	F3 NO []
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS	200. 00.	CAIDE HOTT HTTORT OC	FORKED (E	Her holdre of thirty in t	an ion ion	ii or nem ro.;			
						I and the second	<u></u>			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Ye	or 20d. I While		ide. PLACE fociory.	OF INJURY (Home, form, street, office bldg., etc.	. 20f (City 1 f	or town)	(C	ounly)	(State)
p m.	19	ot wo				1				
21 Leartify th	at I attended the	decen	ad from	14	. 19-53 to 🐇	in 14 -	5 8, 19	Alexand III	mat amus bi	
1	2	10.5	7.		733					
alive on		1947	and that a	deoth oc	and the same of th		the causes o	_	e date st	
ACTION 1	X	- 7	it , ,		C-3 4 '	FORESS (SIL	eel, city or town.	itolo).	1:	DATE SIGN
SIGNATURE	A 2 77 884.	جيز	+ dily him	M D.	My Ctoles	4.724	A. GAR	36- 759	e callie	121
PHYSICIAN'S	H	an at						1	1	
NAME (Type)	Kenneth La	ughli	in. M. D. 9	3h. E1	Lsworth Dri	va. Si	lver Sp	ring.	Marv1	and _
220- BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMET				ION (City, town, o	The same of the last of the la		Stole)
cremation	12-15-	58	Washingto	n Sar	itarium and			coma I		Md.
3. FUNERAL DIRECTOR			ADDRESS		24s. REC'0	D BY REGIŜTR	RAR 24b. REGIS		-	
Robert A.	Hare, M. D	. Wa:	shington San	nitari	um ando Hos	pital !	Takoma P	ark, l	Md.	

TO HOLISTAL OF EXTENDING FIRYSHIAN: The law mapin that the delith contricte bis executed within 2 Baurs of the may be retained by the hospital or attending physician.

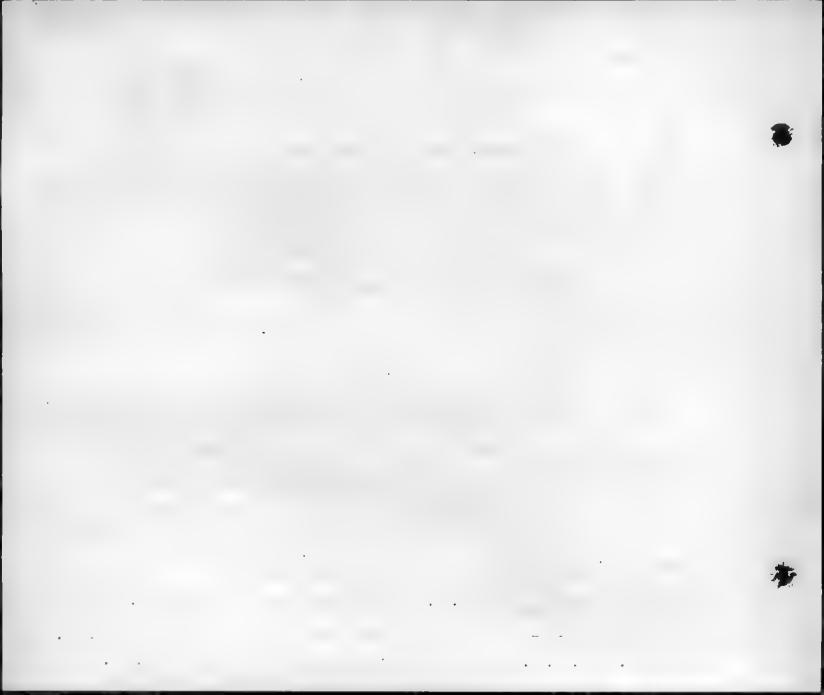
TO FUNERAL CONTROLS After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shifther egistrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

207.12.1X1/5

funeral director, Filed with

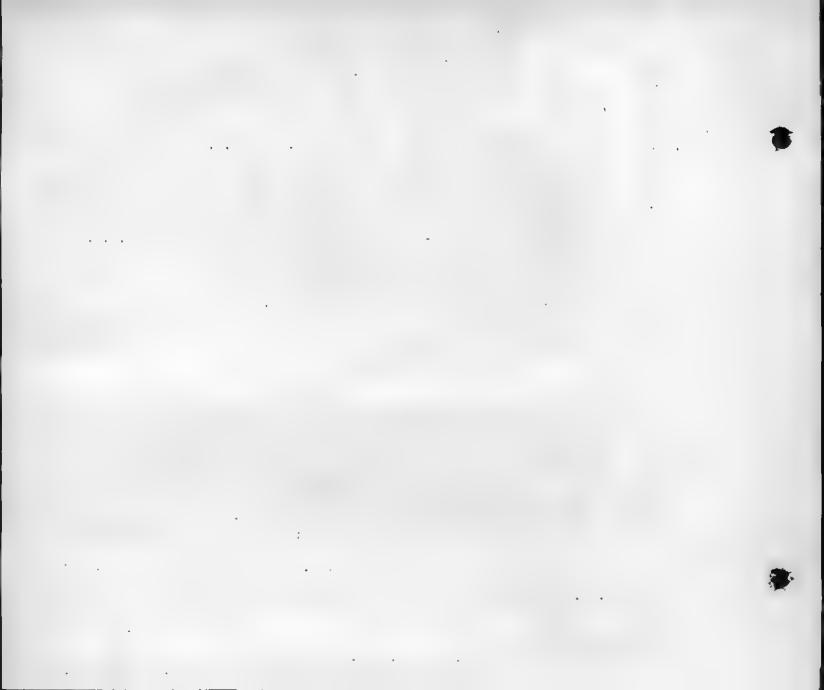
-BD

TINDING MEYSHIAN: The fow mguit that the death continue to executed within 2 mans ofter death.



deoth. 1SM 10/52

Reg. Dist. No. 215 e. 15 RESIDENCE ON A FARM? YES TO NO 129 1958 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY U.S.A. #2 above INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES K NO (County) (Stote) DATE SIGNED (State) Virginia 24b REGISTRAR'S SIGNATURE 8 '58 arthur & Traces



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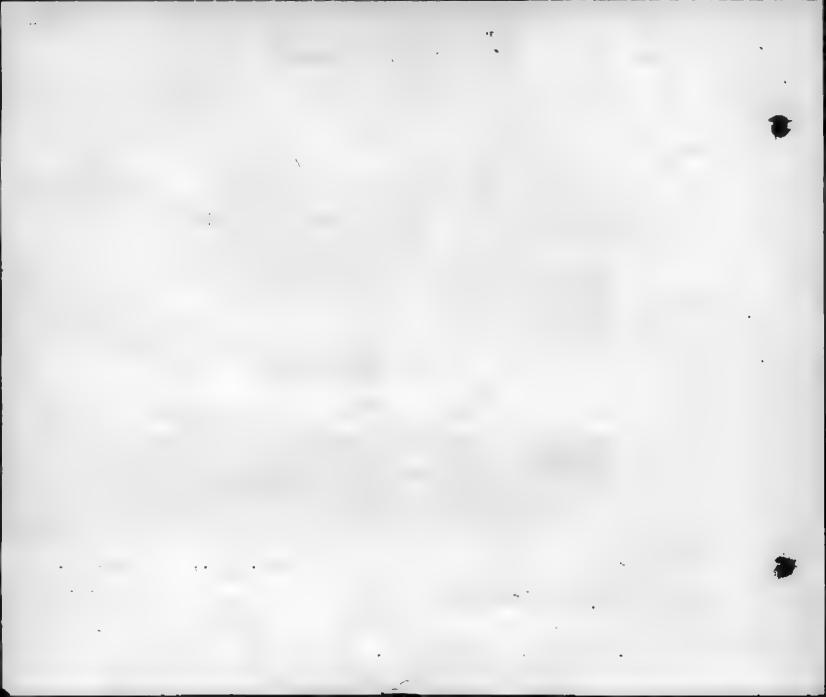
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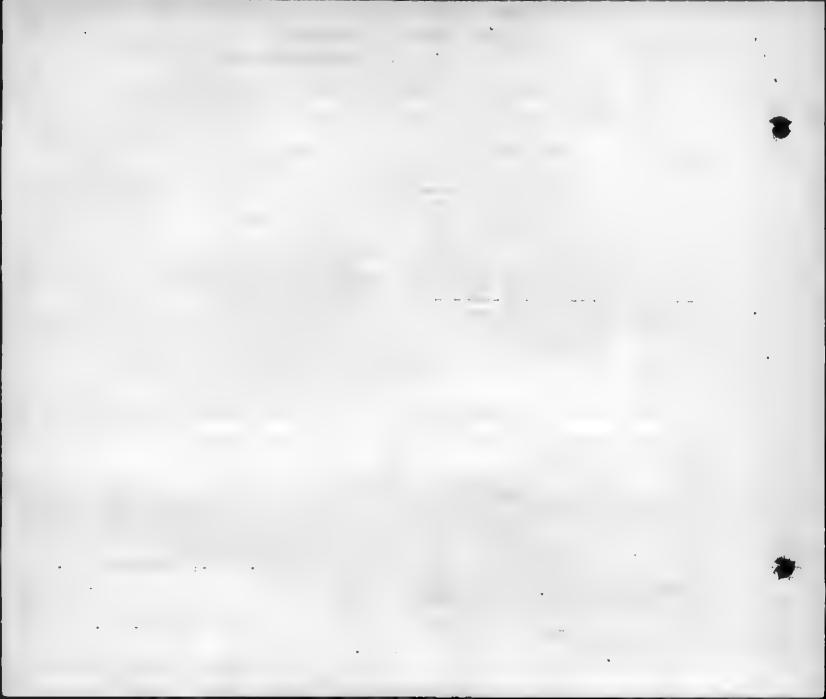
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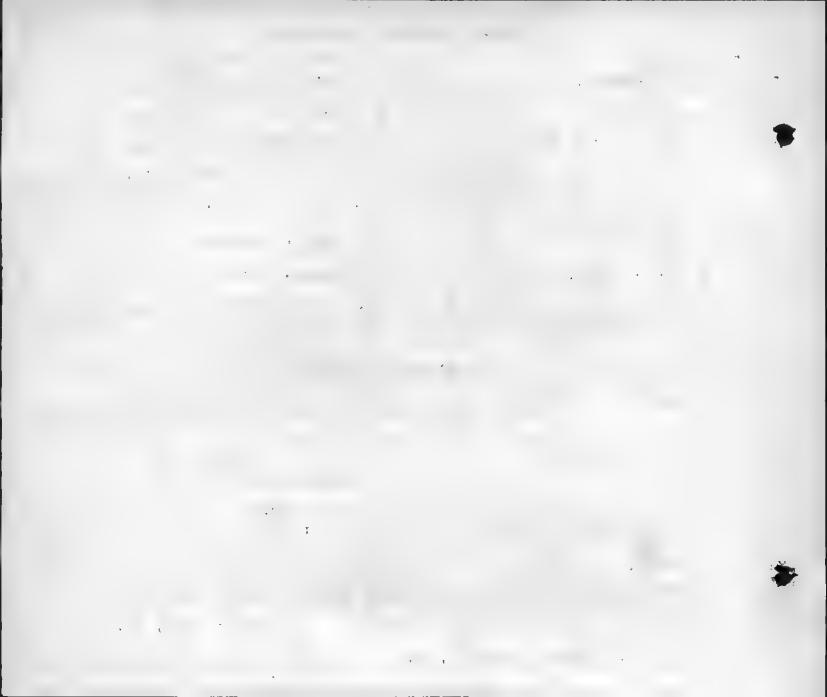
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13990 **CERTIFICATE OF DEATH**

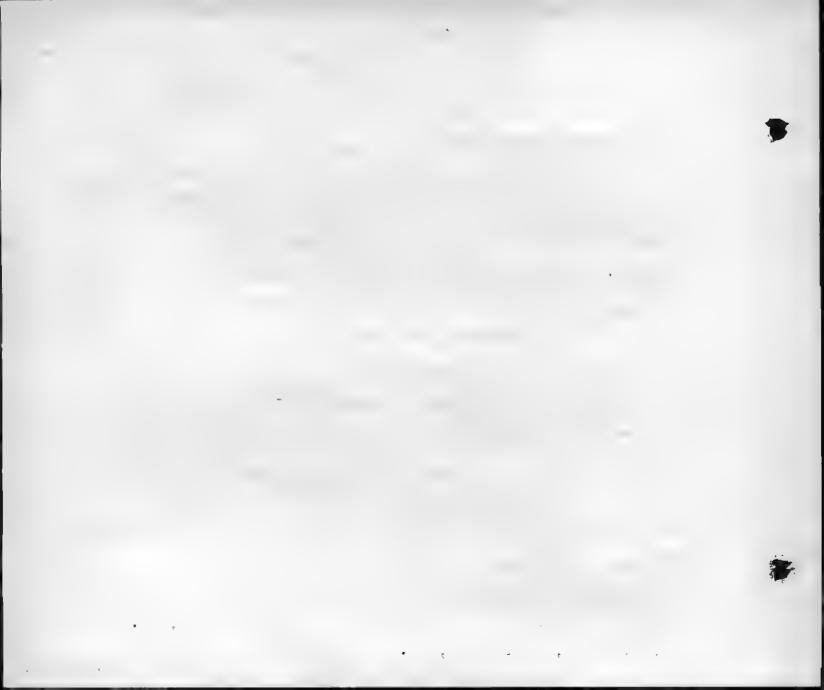
13962 Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY MARYLAND 6 COUNTY ARD MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 8 DAYS WOODBINE --Rural d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM?
YES NO MONTGOMERY COUNTY GENERAL HOSPITAL Middle 4. DATE Lost Manth Day DECEASED (Type or print) PETER DEATH KNILL DECEMBER 15 58 AUSTIN 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 15. SEX IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years Months Days WIDOWED T DIVORCED | WHITE MALE 10a. USUAL OCCUPATION (G.ve kind of work dane during most of working life, even if retired)

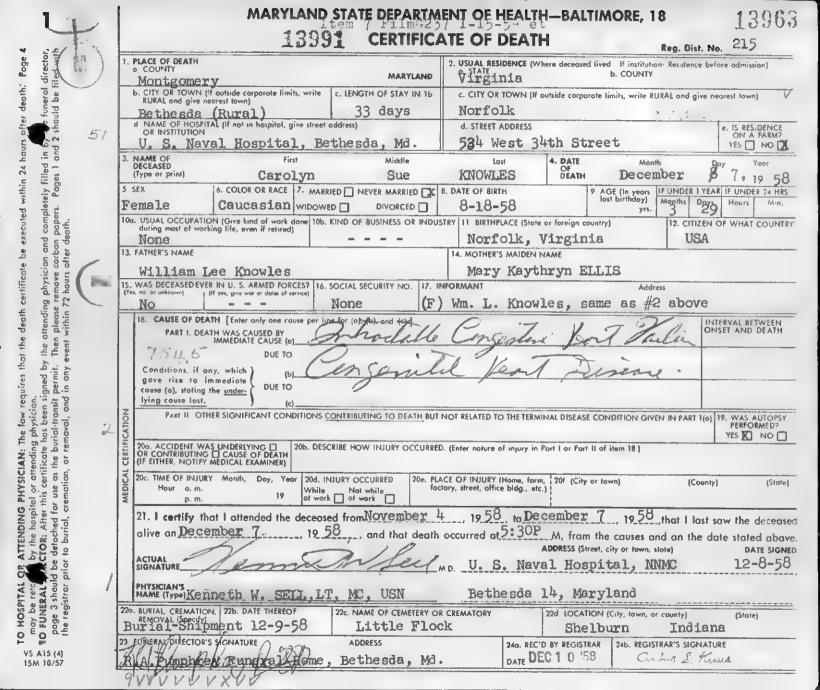
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? owner USA FARMER MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM T. KNILL KATIE WOLFE 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address HOSPITAL RECORDS SAME CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). CORONARY THROMBOSIS 4-20-1 DUE TO Conditions, if any, which MYOCARDIAL INFARCTION gave rise to immediate **DUE TO** cause (a), stating the underlying cause fost. GENERALIZED ARTERIOSCLEROSIS-SENILE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160. 19 PERFORMED? CARCINOMA OF PROSTATE YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) a. m. White Nat while ot work 🖂 of work p. m. 21. I certify that I attended the deceased fram . 19.6 that I last saw the deceased death accurred at 10: A M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S John NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR EXEMPTION 22d LOCATION (City, fown, or county) (State) REMOYAL (Specify) Baltimore, Loudon Park 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR Winfield, ld. Waltz.

HOSPITAL may be r FUNER/ page 3 sh O 9 VS A15 (4) ISM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be ref. "If by the hospital ar attending physician."

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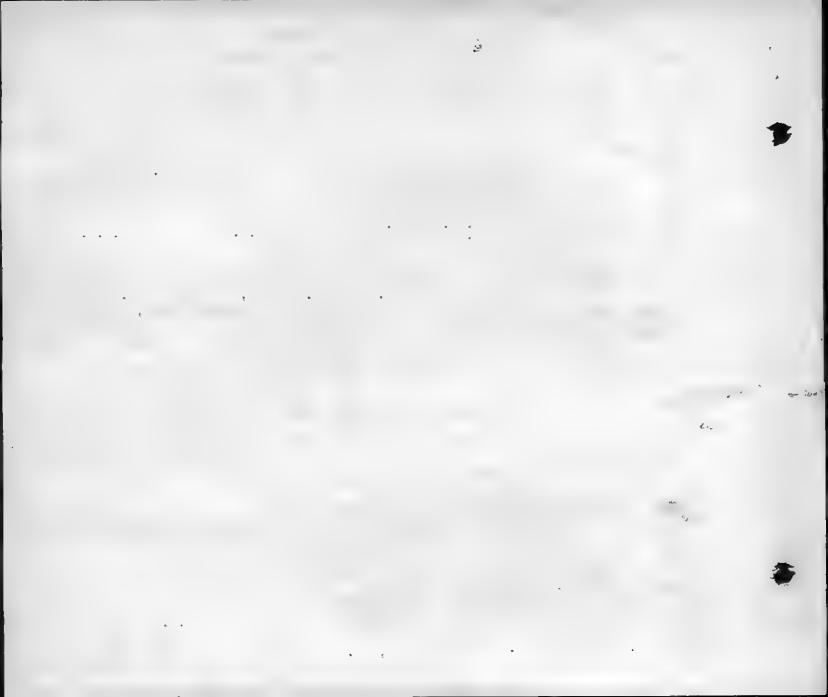
CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shaufa be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours offer, death.

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be ref VS A15 (4) 15M 9/55

L	-4.1			CERTI	CAI	LOID	6/3/11				Reg. Di	st. No.		
1,	PLACE OF DEATH a. COUNTY MO	NTGOMERY		MARYLA	ll l	O STATE	ENCE (WHI IARYLA			nstitution			e odmiss MERY	_ `
	b. CITY OR TOWN I RURAL and give / TAKOMA		nits, write	c. LENGTH OF STAY IN		c. CITY OR TO	OWN (IF OU	_	rote limits,	write RU	RAL and	give nea	rest lawr	1)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, 7508 BLAII	give street of ROAI	oddress)		d. STREET AG		R ROA	D.					PARM?
3.	NAME OF DECEASED (Type or print)	WARI	irst REN	Middle JOHN		Lost KRAMER		4, DATE OF DEATH		Month		2		Year 19 58
	sex MALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED	T 10 0	DATE OF BIRTH	814		9. AGE (In last birth 73	/ · · · · ·	Months	Doys	Haurs	R 24 HRS Min
10		ON (Give kind of work king life, even if cetire EMAN - PUDT:		king of gusings on lgs. & Park	INDUSTR'	WASHI	NGTON	or foreign o	auntry)			U.S.		COUNTRY
13.	JOHN CO	NRAD KRAME	R			14. MOTHER'S IDA M		DULEY						
	WAS DECEASED EV	ER IN U. S ARMED FO (If yes, give wor or dates of			17, INFO	Edith C	. Kra	mer,					.1	
18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), staling the under- lying couse last. (c)									sup	ly E	isna	INTEONS	ET AND	TWEEN DEATH
CERTIFICATION				ONTRIBUTING TO DEATH							N IN PAI	RT 1(a) [1	PERFO	NO []
MEDICAL CERT	OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a.m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER RY Month, Day, Y 19	<u></u>	NJURY OCCURRED 20	De. PLACE	OF INJURY (Fy, street, office	lome, form,	20f (City			(County)		{Slote}
	actual signature PHYSICIAN'S	JAMES R. C	e deceas	Coleman)[]	3 C	CM, from	treet, city of	ises or	nd an t			
22 E	NAME (Type)	ON, 225. DATE THERE	OF	22c NAME OF CEMETE ROCK CREEK		REMATORY		22d LOCA	TION (City,				(Stol	e)
23.	FUNERAL DIRECTOR	FUNDANTEY,	INC.	ADDRESS SILVER SPRI	NG,	MD.	240. REC'D	BY REGIST	1RAR 246		RAR'S SI			



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13992 CERTIFICATE OF DEATH

Reg. Dist. No.

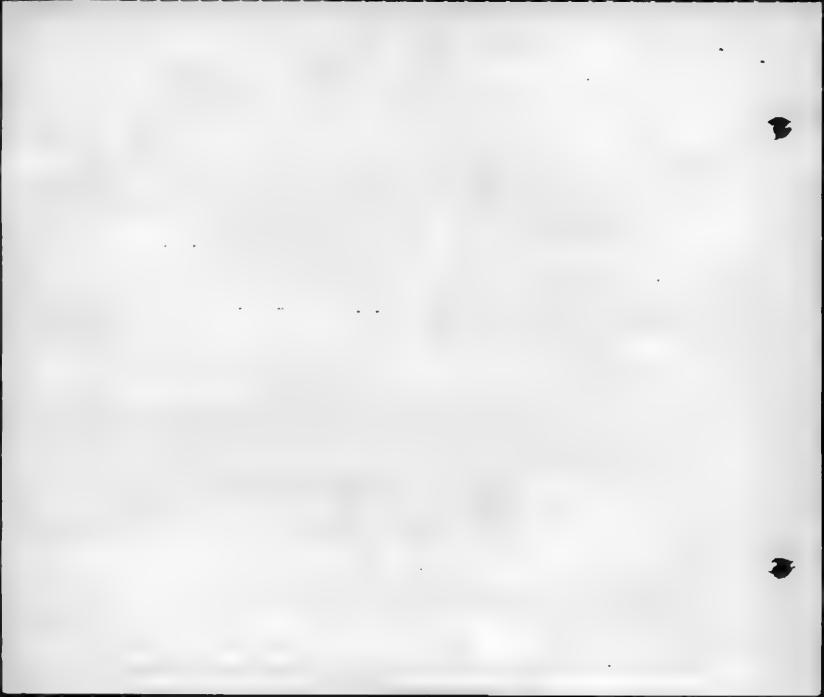
1. PLACE OF DEATH 0. COUNTY MO	ONTGOMERY	MARYLAND	2 USUAL RESID a. STATE MAJ	NCE (Where decear	ed lived II institution b. COUNTY	n. Residence bel	ore admission)
b. CITY OR TOWN (If RURAL and give nec SILVER S	outside corporate limits, write prest tawn)	c. LENGTH OF STAY IN 15		WN (If outside corp	porate limits, write RI	URAL and give no	earest town)
	AL (if not in hospital, give street 1801 GRACE CHUR		d STREET AC				e IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	first HENRY	Middle BERNARD	LANDGRAF	4. DATE OF DEAT	Mon H DEC		Ooy Year 0 19 58
5. SEX MALE	6. COLOR OR RACE 7. MARK	RIED A NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/19/68	***	9. AGE (In years lost birthday) 90 yrs	Manths Days	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION during most of works Plate Prir	N (Give kind of work done 10b. ng life, even if retired) iter Burea	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLA	CE (State or fareign Louis, Mo		U.S	OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
Anton F. I	andgraf		E1:	ise Branda	au		
15. WAS DECEASED EVER (Yes, no or unknown) (III)	IN U. S. ARMED FORCES? 16. f yes, give wor or dates of service)		Mary S	. Landgra	f, 1801 GI		
PART I. DEAT 332 × Conditions, if on gave rise to im couse (a), stating the	mediate (erebral	Thur	Mooi			SET AND DEATH
E C	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT				EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	AEDICAL EXAMINER)				or ir or trem is ;		
ZOC. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. It While at work	Not while for	ACE OF INJURY (H ctory, street, office	ome, larm, 20f. (Ci oldg., etc.)	ty or town)	(County) (Stale)
21. I certify that alive an 1	of I attended the decease		accurred at	1320 M, fro	m the causes a	nd on the de	saw the deceased
ACTUAL SIGNATURE	Jelham &), and	MD 9000	a Colesia-	Street, city or town.	state)	2/20/57
MAWE (Type)	LLIAM D. AUD		Lu	huer of	bring		
220 BURIAL CREMATION REMOVAL (Specify) CREMATION		22c NAME OF CEMETERY O			ATION (City Vown, o	* 1	(State)
CREMATION	12/22/58	Ft. Lincoln C			nce Geo. C		
Raymena	PUMPHREY, INC.	SILVER SPRI	NO MO	ATE DEC 2 4		TRAR'S SIGNATU	

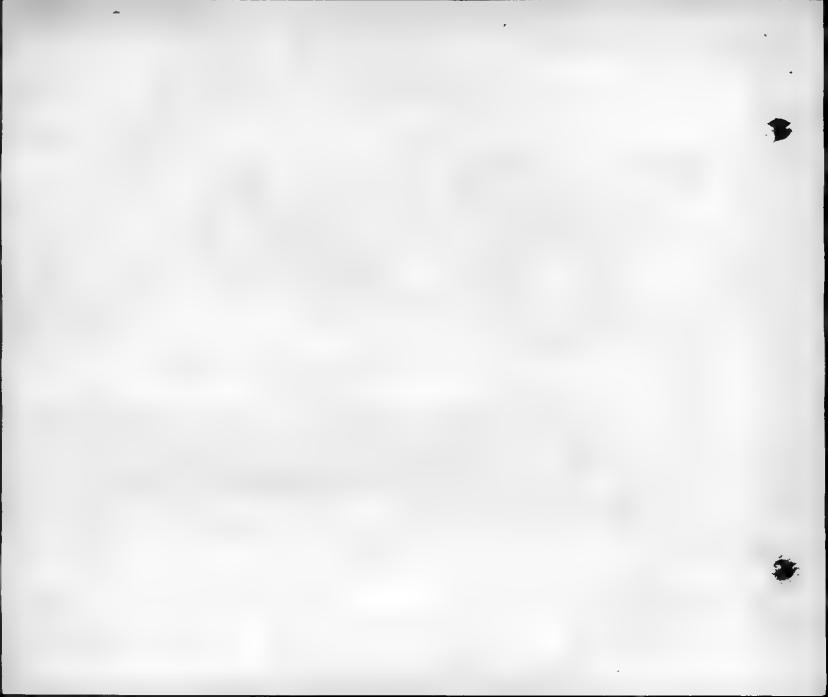


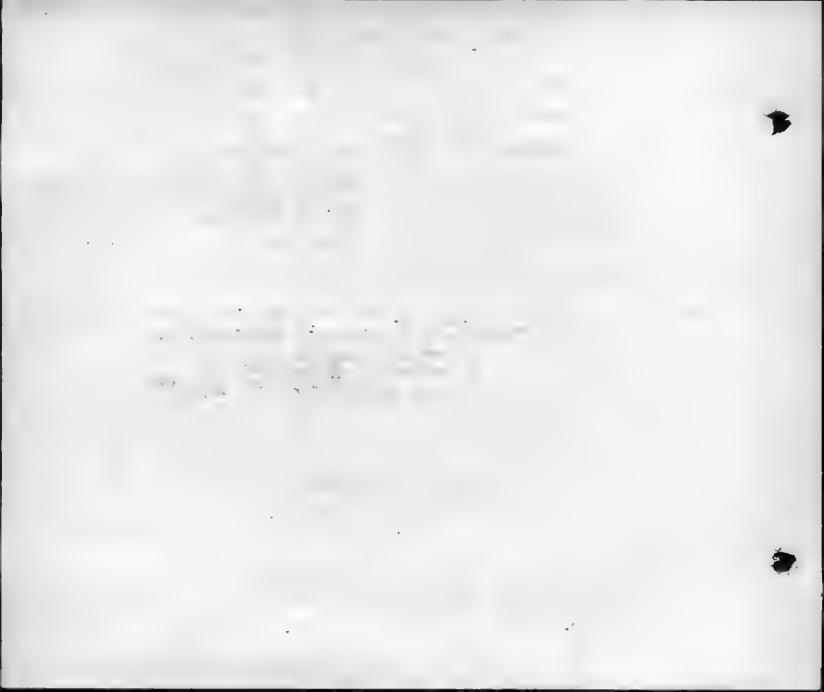
		77.	999	U			****			Reg. Dist	No.	
1. PLACE (OF DEATH NTY					2. USUAL RESIDENCE	(Whe	era deceased			e before ad	mission)
	_	ntgomerv		MARYL	AND		ry]	Land	b. COUNT		comei	~V
b. CITY	OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN			ole limits, write	RURAL and gi	ve neorest l	own)
-		Spring				X	Bet	thesd	а			
d. NAM		AL (If not in hospital, s	jive street	address)		/d. STREET ADDRES					e. IS	RESIDENCE
_	_	e Nursing	Hor	me		5109	Wor	cthin	gton D	rive		NA FARM7
3. NAME	OF	Fir		Middle		Last		4. DATE		mith	Day	Yeor
DECEAS (Type or		BATTBA	RA	ਸ	1	ANHANI		OF DEATH	DEC		9	19 (6
5. SEX				RIED NEVER MARRIE	8.	DATE OF BIRTH		9	AGE (In years	LIF UNDER I	YEAR IF U	NDER 24 HRS.
Fem	ale	White	WIDOW			10/10/18	68		lost birthdoy)	Months (Para Hou	ers Min
10o. USUA	L OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLACE (S	Slote o	r foreign cou	intry)	12. CITI2	EN OF WI	IAT COUNTR
doring	house	ing ine, even it rented いった	1	Own Home	3	Mag	hii	agton	. D. C	. U	2	
13. FATHER			'	OWIL MOIN		14. MOTHER'S MAID			, D. O	. 0		
	7	Webel				Unkn	<u> </u>	า				
15. WAS D. (Yes, no, or u	ECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	OWI		Ad	dress		
No	urndewi) [If yes, give war or dates of s	ervice)	None	B.	F. Lanha	rn - <	son-s	മണം മയ	2d		
	None B.E. Lanham-son-same as 2d IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] [INTERVAL BETWEEN]											
		TH WAS CAUSED BY:	1	BIEDIADO	1 -	/	1-		- >		ONSET A	ND DEATH
177	20.0	IMMEDIATE CAUSE (o		16/6/0 SC	W Z- K	BILC F	15	4101	PISE	-ASI		
40		DUE TO				11.						
	dilions, if an orise to in		1 6	->>EN 1/4	- [.	HYP	<u>- 7</u>	1/E	N310			
Couse	course (o), stoling the under-											
	couse lost.											
2	PART II. OTH	ER SIGNIFICANT CON	S MOITIG	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE T	ERMIN	IAL DISEASE	CONDITION G	VEN IN PART	1(o) 19. W/	AS AUTOPSY REORMED?
₫				SENIL	17	<u> </u>						□ NO(□
CERTIFICATION OB CO	CCIDENT WA	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury	y in Po	ort I or Port I	f of item 18.)			
	ME OF INJURY Hour a. m.	Month, Day, Ye				E OF INJURY (Home,		20f. (City o	r town)	(Co	ounly]	(Stote)
WED.	p. m.	19	While at wor	k Ol work	700101	y, ment office blog.	, e.c.,					
21. 1	certify the	at I attended the	deceas	ed from GCT.	4	, 19 <u>S.E.</u> , to_	۸,	-7- 9	10 (ما المحطوسة		
	on_ D=		19 9		death o	ccurred at //:/	دعم <u>ر .</u> ار – ن	184 6			121 20W 11	ie decease
		//	/ '	Lineary God more	acaiii O	ccorred dc2223			et, city or lown		e agre st	DATE SIGNE
ACTUA	LL THE	1 dies - Box	1.	Torroles		S'2 d	/				/	2//
SIGNA	TOKE	The second second		- Trove	M.I	o	-6-		21st	7-152-1-		
PHYSIC	CIAN'S {Type}	Henry M	Low	den		Cho	1n	1 Chi	-21.6	25 1		
22a. BURIA	L, CREMATION	1. 226. DATE THEREO		22c. NAME OF CEMET	ERY OR C	REMATORY		2d. LOCATIO	ON (City, town,	or county)	/5	totel
Bur	VAL (Specify)	12/12/5	58	Arlingto					ngton.			mid
	AL DIRECTOR'S			ADDRESS	C. LL LI		REC'D	BY REGISTRA		STRAR'S SIGN		
Rob	ert A	. Pumphre	77 T	Bethesda,	Nam			1 5 '58				
	**		- Y	- College Olding	TACFI	A TOTAL	12:4	h 178	0	· 2 40		

may be retained by the haspital or attending physicion.

TO FUNER LD COR: After this certificate has been signed by the attending physicion and completely filled in by the forestar, page 3 should be detached for use as the burial-transit permit. Then please repose Cochan papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 TO HOSPITAL OR VS A15 (4) 15M 9/55







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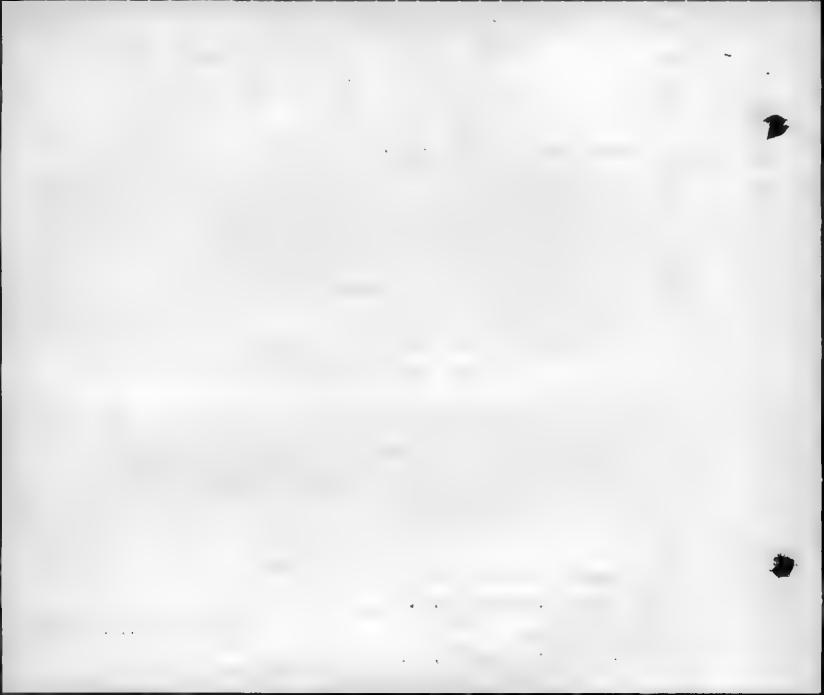
13996 **CERTIFICATE OF DEATH**

	.1.	ರ	J	U

			.00.	JO CERTI	1107	TIL OI	PEATI	1		Reg. Di	st. No.	
o. C	ce of DEATH OUNTY Ontgomer	У		MARY	LAND	2. USUAL RI o. STATE Sou	th Caro	ere deceased	lived. If in b. COU	titution. Resider INTY	ce before	e admission)
ъ CI Ri	ITY OR TOWN (I	f outside corporate (imi	ls, write	c LENGTH OF STAY	IN 16	c. CITY O	R TOWN (If o	utside corpoi	rote limits, wi	ite RURAL ond	give near	est town]
Be	ethesda			37 days		Wood	druff			77x	- 6	
0	R INSTITUTION	AL (If not in hospital, g			26.7		ADDRESS				e.	ON A FARM?
	he Clini				Md .	i Rou	te #1					YES NO
DEC	AE OF EASED e or print)	Marth:		Middle Leonor:	a .	Leona	ard	4. DATE OF DEATH	De	Month Cember	30	
5. SEX		6. COLOR OR RACE	7 MARR	IED NEVER MARRIE	D 🔯	DATE OF BI	RTH		9. AGE (In v	ears IF UNDER		F UNDER 24 HRS.
Fe	emale	White	WIDOWE	DIVORÇE		Decemi	per 3.	1915	lost birthd	yrs Months	Doys	Hours Min
10o. US	UAL OCCUPATION	ON (Give kind of work daing life, even if retired)	lone 10b.		RINDUS	TRY 11, BIRTH	PLACE (State of	or foreign co	unity)	12. CIT	IZEN OF	WHAT COUNTRY
	Cashier	ing the, even it rented)		Unknown		Son	ith Car	enilos		11	. S.	Δ
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										43. 0		
Lorraine Leonard Kate Drummond												
IS WAS		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	FORMANT F	The Med	lical 1	Record	Address		
37-									Mar	vland		
1B.	CAUSE OF DEA	TH [Enter only one con	use per lir	ne for (o), (b), and (c)]							INTER	VAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	C	hronic Rhe	umat	ic Hear	rt Dise	ase			ONSE	T AND DEATH
	-/6x	DUE TO									+	
C	ondilions, if or	ny, which) (b)	A	trial Septa	al D	efect						
	ove rise to in use (o), stating (nmediale (-						
	ing couse lost.	(c)										
N N	PART II. OTH	ER SIGNIFICANT CON	ONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PAR	T 1(o) 19.	WAS AUTOPSY
CERTIFICATION OB CERTIFICATION	ACCIDINT	f in inchivition (2)	001 DEC									PERFORMED? YES NO
	CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. DESC	TRIBE HOW INJURY OF	.CORRED	. (tnier noture	of injury in P	ort I ar Part	II of item 18.]		
WEDICAL 20c.	Hour o.m.	Month, Day, Yea	r 20d IN While	UURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form,	20f. (City	or town)	lc	ounly)	(State)
	p. m.	19	of work			•						
21.	I certify_th	at I attended the	decease	d from Novem	ber	23, 1958	3 , to Do	cembe	r 30 19	58 ,that I I	last sov	v the deceased
	ve on De	cember 30	_, 12_5	8, and that	deoth	occurred o	6:10A	M, from	the cous	es and on th	ne date	stated above
	×	4	9	000.				LDDRESS (Str	eet, city or to	own, stole)		DATE SIGNED
	NATURE	en d	- 1	reality	^		Clinic				_	12/30/58
PHY	rsician's					The	Nation	al In	stitut	es of H	ealtl	h
NA	ME (Type)	Leon I	loldb	erg. M. D.		Betl	nesda 1	L. Mai	ryland			
220. BUI REA 3 U.T	RIAL, CREMATION MOVAL (Specify) Transit	12/30/58	F	Antioch	TERY OR	CREMATORY		22d LOCATE	ion (City to	rg Co.	. S. ((Stote) Carolina
23 EUN	ERAL DIRECTOR'S	Pumphrey	. D.	ADDRESS			24a. REC'D	BY REGISTR		EGISTRAR'S SIC		
TO	bert A.	rumphrey	-Be	inesda, Md			DATE THE	10° Ph 30°				
							1 22		8	Odler &	162011	

nerol director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retain the haspital or attending physicion.

D FUNERAL DI COR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer depth. TO HOSPITAL OR may be retain TO FUNERAL DI VS A15 (4) 15M 10/57



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

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	igned by	See page 3 should be detached for use as the buriaf-transit permit. The	
may be retain y the hospital ar attending physician.	s peen s	of-transit	
ending p	ficate ha	the buri	
of or off	this certif	r use as	• •
he hospit	R: After	ached fo	
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be retain	CERAL D	3 should	
HOW	TO FUE	pood	
S A	115	55)

	201	7 1	•						Reg. Dis	t. No.		
1. PLACE OF DEAT o. COUNTY	м Montgomer	У	MARYLAI	NtD 2.	usual resid	yland	ere deceased	b, COUNT	ont gon	e before	admissi	ion)
b. CITY OR TOY RURAL and p	VN (If outside corporate limits, the nearest town) Liver Spring	write c	LENGTH OF STAY IN	16			pring	rate limits, write R	URAL and g	ive neare	st fown)
d NAME OF HO OR INSTITUTI	OSPITAL (If not in hospitol, give ION "Daughter"				d STREET AC 206		vster	Avenue		1	ON A	DENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	First MATA		Middle	LIF	Lost TMAN		4. DATE OF DEATH	Mon De cemb e		Doy		reor 19 58
5. SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED	B D	ATE OF BIRTH			9 AGE (In years	IF UNDER		UNDE	R 24 HRS
Female	White w	IDOWED	DIVORCED [?		last birthdoy) 86 yrs.	Months	Days I	Hours	Min
during most of	PATION (Give kind of work don working life, even if retired) ewife	e 10b Ki	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLA	CE (Stote o	-	wntry)		ZEN OF		COUNTRY?
13. FATHER'S NAM	E			1.	4 MOTHER'S	MAIDEN N	AME					
Eli	Barkin					Rose	-					
15. WAS DECEASE! (Yes. no or unknown)	DEVER IN U. S. ARMED FORCES		None	17 INFO	RMANT Ouis Ko	tz	206 B	rewster		S. S	Spg.	Md.
PART II. Conditions, gove rise cause (a), sto lying cause PART II. 20a ACCIDEN OR CONTRIBU (IF EITHER, NO	if any, which to immediate thing the under last. (c) DUE TO (c) OTHER SIGNIFICANT CONDIT	tions <u>co</u>	Arter	BUT NO		THE TERMIN	NAL DISEASI	E CONDITION GIV	EN IN PART	ONSET	WAS A	
Hour a	NJURY Manth, Doy, Year , m, 19	20d. INJ While of work [Not while	e. PLACE factory	OF INJURY (H , street, office	ome, farm, bldg., etc.)	20f (City	or town)	{C	ounty)		(State)
21. I certificative on	Jan 1, 19	12 58	8, and that de	M D.	9210 REMATORY	4:10 () () ()) Cole	An Mron LDDRESS (SI SIVILL 22d. LOCAL	e Road,	silve	e date	state D/	ted abave ATE SIGNED A.J.
Goldbe	rg Funeral Hom	e 4	217 9th Str	eet l	V.W.	DATE THE	N 9 15	9 0	-1 9	de .		



VS A15 (4) 15M 9/S5

I

CERTIFICATE OF DEATH

	13998 CERTIFICA	ATE OF DEATH Reg. Dist. No.
100	1. PLACE OF DEATH o. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
	b. CITY OR TOWN (Woutside corporate limits, write RURA) and give represt town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
_	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ACCURATE ACCURATION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECRASED (Type or print) Degrae is illeth	Loss 4. DATE Month Day Year OF DEATH 2 14 195 a
	MIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 4. (4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
	106. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired]	STRY 11. BIRTHPLACE (Stobe or foreign country) 12 CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAMED 13. FATHER'S	14. MOTHER'S MAIDEN NAME FELDICE Blayochart
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unfindown) (If yes, give wor or doles of service)	11 Locks 5200 mile July Chay Char Fu
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 199.2 DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse tost.	Clasticus e 4 lag.
,		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [2]
		D (Enter nature of injury in Port I or Part II of item 18.)
		ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram alive on 120, 195, and that death	accurred at Live M, from the causes and an the date stated abave. ADDRESS (Street, city or town, stole) DATE SIGNED
/	PHYSICIAN'S SAHNO MUER HAND	mo Berty st Nu Victory 1. 1. 60
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF	
	Burial 12/17/58 Cedar Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Suitland, Maryland
	Robert A. Pumphrey Bethesda, Mar	yland DATDEC 18 '58 Cultury S. Thouse



22c. NAME OF CEMETERY OR CREMATORY

T. LINCOLN CEMETERY

SILVER SPRING, MD.

ADDRESS

22d LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATED EC 1 2 '58

PRINCE GEO. COUNTY. MD.

24b. REGISTRAR'S SIGNATURE

(Stote)

200

220 BURIAL CREMATION.

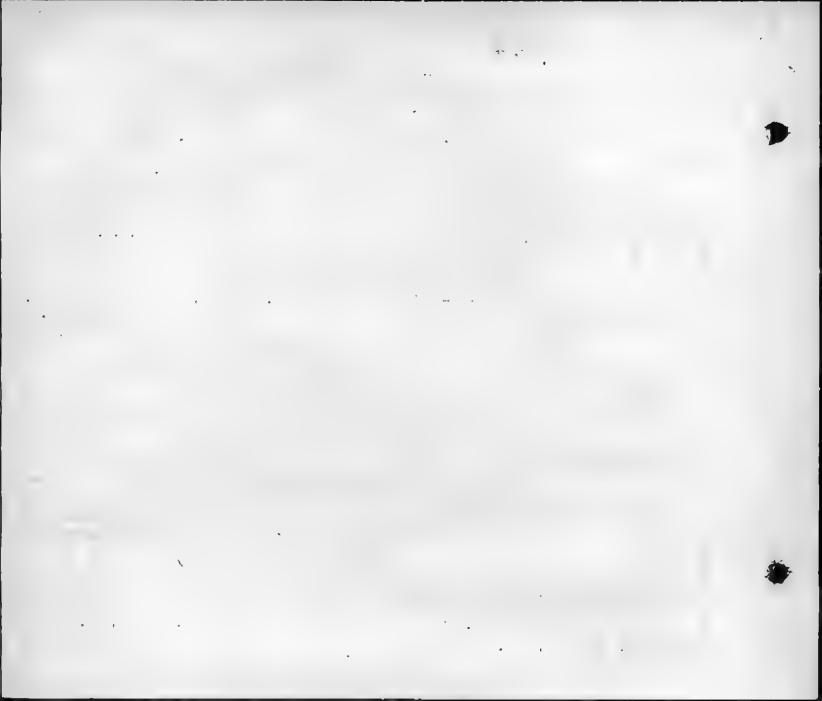
REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE EY

22b DATE THEREOF

12/12/58

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where

Reg. Dist. No.

		MONTE gome	ry		MARYLAND	II a STATE	nnect	icut	. If institution Rib. COUNTY	esidence before d	odmission}	
	t	CITY OR TOWN (f outside corporate limi	its, write	c. LENGTH OF STAY IN 18			outside corporate li	nils, write RURAL	and give neares	t fown)	
		Bethesda	, i		10 days	Br	idgep	ort		4 "	V	
.,		OR INSTITUTION	AL (If not in hospitol, g			d. STREET A	DDRESS				IS RESIDENCE ON A FARM?	
J.		The Clin	ical Center	r, Bet	hesda 14, Md.	, 48	Berk	shire Av	enue		ES 🔲 NO 🔼	
	3. P	NAME OF DECEASED	Fi	rst	Middle	Las		4. DATE OF	Month	Day	Yeor	
	_	(Type or print)		resa	Marie	Lo Rus		DEATH	Decemb		19 58	
	5 S	Female	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIED TO	8. DATE OF BIRTI		R los	E (in years IFU birthday) Mor	NDER 1 YEAR IF	UNDER 74 HRS	
	10a.	. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY 11 BIRTHPL	ACE (Stote	ar foreign country)	i i	2 CITIZEN OF	WHAT COUNTRY	
	Housewife None Connecticut								U.S.A.			
1		FATHER'S NAME				14. MOTHER'S						
1		Michel Ci	gurro			Grac	e Run	UELO .				
ø	15 '(Yes.	WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give wor or dates of a		50 CIAL SECURITY NO. 17	The Clini	cal (ical Rec Center. B	ord Address ethesda	lh. Mar	yland	
			TH [Enler only one co	1/4	ne for (o). (b). and (c)] (Carde	re unec	arrest lente	diesi		AL BETWEEN AND DEATH	
i	Conditions, it only, which (b) AD Stapenture period - 24hrs.										4hrs.	
	gove rise to immediate couse (a), stating the under- lying cause last. DUE TO Concerntal									7 ?0	orcenta	
	Z O	PART II. OTE	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERM	INAL DISEASE CON	DITION GIVEN I	N PART 1(o) 19	WAS/AUTOPSY	
2	E S										PERFÖRMED? ES 🎒 NO 🗋	
	CERTIFICATION	20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUR	RED (Enter noture a	f injury in	Part I or Part II of	item 18)			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e. Not white at work	PLACE OF INJURY (factory, street, office	Home, form bidg., etc	.) 20f. (City or to	vn)	(County)	(State)	
		21. I certify th	at I attended the	deceas	ed from November	r 23, 1958	ta De	ecember 3	1950 th	at I last saw	the deceased	
		alive an Dag		, 12.5	8 , and that dea	th accurred at	8:40	AM, from the	causes and	an the date	stated above	
		4	1//		D 2000 -			ADDRESS (Street, c	ily ar town, state		DATE SIGNED	
1		ACTUAL SIGNATURE	1 Lempus	w C	ollus	M.D		inical Ce			L2-3-58	
		PHYSICIAN'S NAME (Type) N	Perryman	Coll	ins, M. D.			al Instit da lli, Ma		Health		
F	220.	BURIAL CREMATIC	N, 226. DATE THERECO		22c. NAME OF CEMETERY St. Michae	OR CREMATORY		22d LOCATION (Bridgep	City, town, or car	onn.	(State)	
~	22	FUNERAL DIRECTOR					~		24b. REGISTRAF			
			• PUMPHRE	ΞY	Bethesda, N	id.	DATE EC	D BY REGISTRAR		& Turalla		

may be retained to the hospital or oftending physician.

TO FUNERAL DAY TOR: After this certificate has been signed by the oftending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the registror prior to burial, crematian, or remayal, and in any event within 72 hours ofter death. VS A15 (4) 15Ⅲ 10/57

uneral director,

A Pri

deoth Poge 4



death: Page



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12075

C " I d' France

246 REGISTRAR'S SIGNATURE

	13879 CERTIFIC	CATE OF DEATH	Reg. Dist. No.
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) AMARYLAND MARYLAND C. LENGTH OF STAY IN 18	MO	COUNTY MOKET
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8519 GLENVIEW AVENUE	d STREET ADDRESS / 8519 GLENVIEW AVENU	JE O. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
	NAME OF DECEASED (Type or print) (5 + 70 c L. Middle	Lost 4. DATE OF DEATH	Month Doy Yeor
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Nov. 9, 1903 9. 1903	(In years of UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	Mich.	12. CITIZEN OF WHAT COUNTR
ı	JOHN McGALLUM	JANE SHIELLS	
ı		iss Margaret J. Carlson	
ı	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A C I I (I M C)	of Breast E	Takoma Park Mary lan ONSET AND DEATH ONSET AND DEATH
ı	Conditions, if any, which) the tastas	sis to liver, bone	5 Gmos
	gave rise to immediate couse (a), stating the <u>under-lying couse last.</u> (b) DUE TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IUT NOT RELATED TO THE TERMINAL DISEASE CONE	DITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH	RRED. (Enter nature of injury in Part I or Part II of it	em 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of work of work	PLACE OF INJURY (Home, farm, factory, street, office bldg , etc.)	n) (County) (State
	21. 1 certify that I attended the deceased from. 11.3	1958, to 1216	, 19 <u>58</u> , that I last saw the decease
	ACTUAL SIGNATURE To Lenning Sound	MD. 8641 Colos vec	
	PHYSICIAN'S G. LENNARD GOLD NAME (Type)	Alliver the	3/10/1/
	220. BURIAL CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY TRANS. & BURIAL 12/11/58 WHITE CHAPE		ity, town, or county) (Stote) GHAM, OAKLAND CO., MICH

24g. REC'D BY REGISTRAR

DATE DEC 1 0 '58

SILVER SPRING, MD.

TO FUNERAL VS A1S (4) 15M 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

After this certificate has been signed by the attending physician and campletely filled in

detached for use as the burial-transit permit. Then please remove to burial, cremation, ar remayal, and in any event within 72 hours

remove carbon papers. Pages 1



	4	2	()	1	
	1	9	J	1	1

14001 **CERTIFICATE OF DEATH**

Reg. Dist. No.215

1. PLACE OF DEATH a COUNTY			MARYL	- 11	a. STATE			lived. If institut		ce before a	dmission)
Montgomer	f autside carporate limits	write	c. LENGTH OF STAY IN		Penns				Dilbal I	f	
RURAL and give ne	RURAL and give nearest town)			110		CAAM (II O	uiside carpo	rote limits, write	KUKAL ond g	give nearest	town)
Be the sda	Rural) At (If no) in haspital, given	ve street or	131 days		d. STREET AL	DDDESS			- 7	- 🔎	RESIDENCE
OR INSTITUTION			00.022							1 0	ON A FARM?
U. S. Nava	al Hospital				Grang	e Str					S NO N
DECEASED (Type or print)	Char		Middle	6.04	last	-	4. DATE OF DEATH	Ma		Day	Year
5. SEX			Daniel Mever Married		C GILLI		DEATH	9 AGE (In years		L5	1958 JNDER 24 HRS
Male	1	WIDOWED		- 1				last birthday)	Months		ours Min.
10a. USUAL OCCUPATION	Am 010 41 01 37 01 87				4-21-0			56 yrs		17EN OF 161	HAT COUNTRY?
during most at work	ting life, even if refired)						or loreign co	Junityj			HAT COUNTRY
Diplomatic	Service	10.5	Dept. of	Stat	e Mas		(4.445		U.S	3.A.	
	A 1440 GTT		37					,			
15. WAS DECEASED EVE	A. MAC GIL			17 IME	Flore	nce (unkno		denes e s		
(Yes, no or unknown)	(If yes, give wor or dates of ser				-	-		A01	""Apt.	J939	Arlingto
Yes	unknown		None	L(W)	Doroth	y C.	MacG1.	Llivray,	Tower	e, Ar	lington
	TH [Enter only one cou TH WAS CAUSED BY	_								ONSET	AND DEATH VE
	IMMEDIATE CAUSE (a)_	ТУ	mphosarcom	a						6	mos
200.1	DUE TO										
Conditions, if a					. <u> </u>		-				
cause (a), stating											
lying cause last.) (c).										
OTATION ON	IER SIGNIFICANT COND	IIIONS <u>CC</u>	INTRIBUTING TO DEAT	HBUTN	OT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GI	VEN IN PART	PI PI	VAS AUTOPSY ERFORMED? S [X] NO [
Part II OTH	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCI	RIBE HOW INJURY OCC	LURRED.	(Enter nature of	injury in P	art Lar Part	!! of item 18.)			
	Y Manth, Day, Year	20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (H	ome, form.	. 20f. (City	or town)	10	ounty)	(State)
Haur o, m.	19	While at work	Not while	facto	ry, street, affice	bldg., etc.)	or roming	10	-0011177	fargret
				0		Da	-amban	36.5	0		
alive an De Co	at Lattended the			. Z	, 1970	, ta Dei	v cempel	<u> </u>	2,that 1 I	last saw	the deceased
alive an Dece	amper 15	., 1920	and that c	leath c	occurred at	TO: 20	AM, fron	the causes	and on th	ne date s	tated above.
ACTUAL	77//				77 (reet, city or town		7.0	DATE SIGNED
SIGNATURE	7 / 4 7	19 ct	. 2	M.	D. U. 3	s. Na	AST HO	spital,	NNMC	12	-15-58
PHYSICIAN'S J.	T. HORGAN	, LCD	R, MC, USN		Betl	nesda	14. N	aryland			
22a. BURIAL, CREMATIO	N. 226. DATE THEREOF		22c. NAME OF CEMET	ERY OR	CREMATORY			ION (City, town,	or county!		(State)
REMOVAL (Specify)	pment 19-16	5-58	Calwary Cen	eter	rv.						sylvania
23. FINE RAY DISERTED A		Trel	ADDRESSAT 11r			240. REC'D	D BY REGIST		ISTRAR'S SIG		JATALIZA
Fitzgerald	Funeral Hom	ne U	245 Wilson	Blv	3.	DATE	4 - 15		1 _ 0		

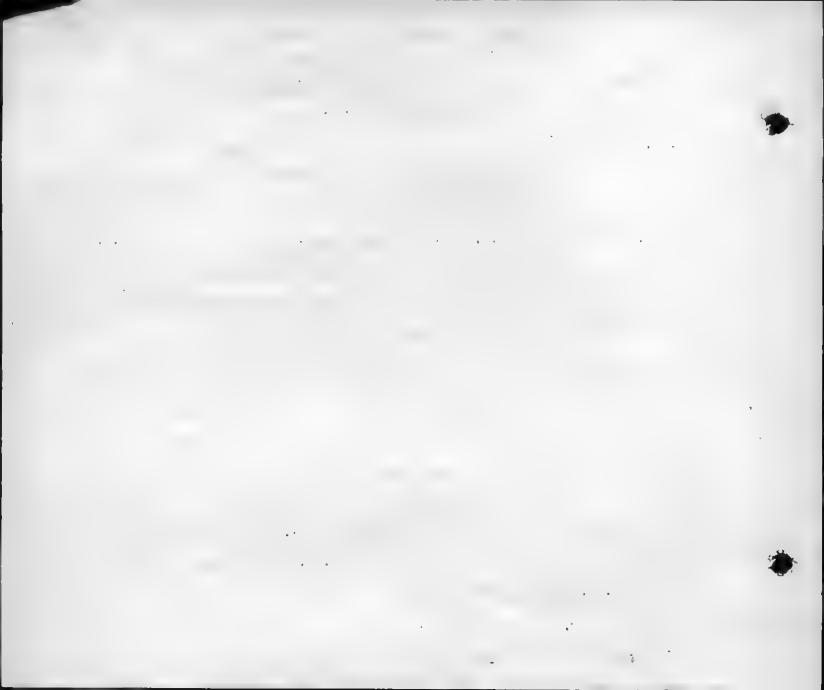
ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retain by the hospital or attending physicion.

TO FUNERAL DX. ATOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shother registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.

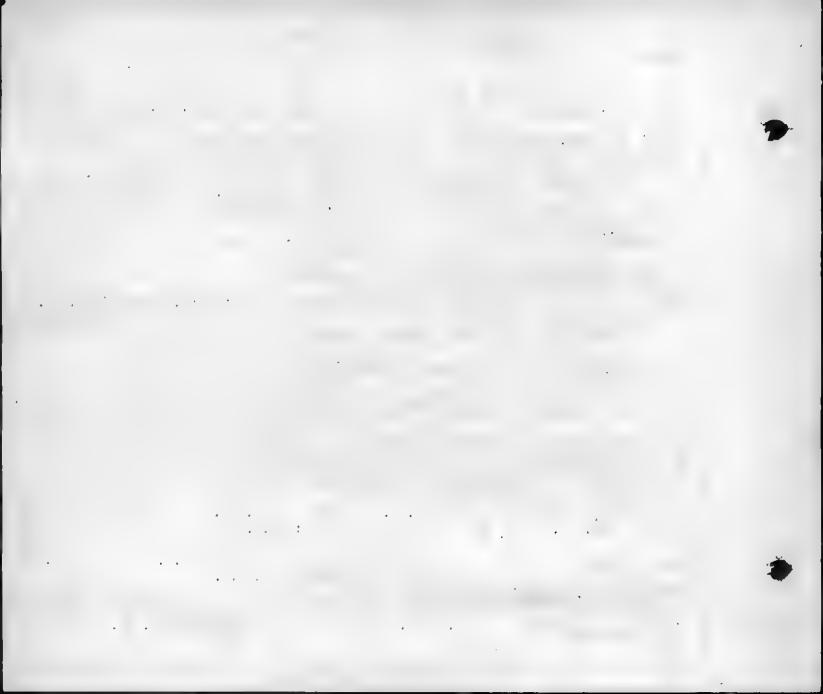
uneral director, ald be filed with

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VS A15 (4) 15M 10/S7

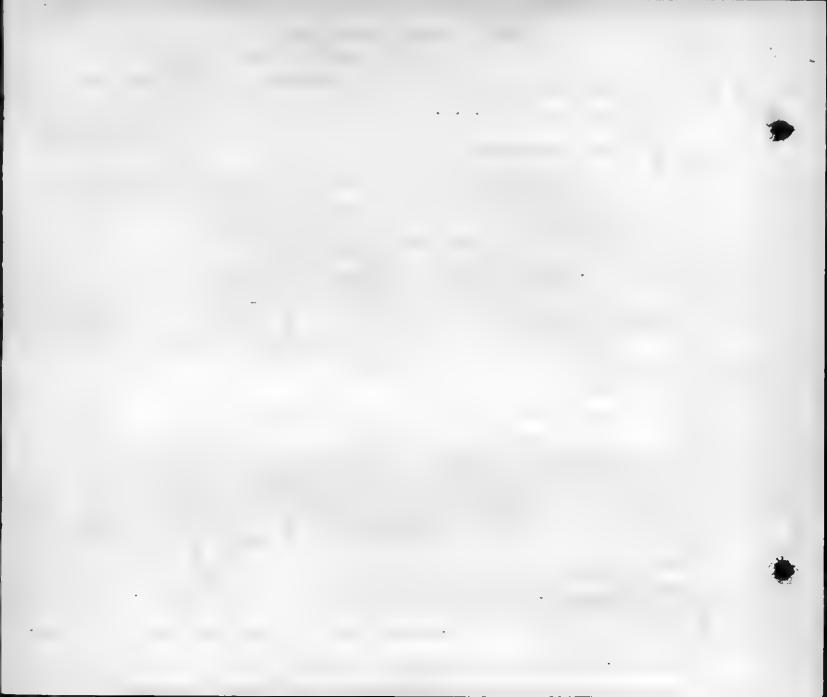


death;





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13979 **CERTIFICATE OF DEATH** Reg. Dist. No. with Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institutions Residence before admission) a. COUNTY Filed **b.** COUNTY MARYLAND Montgomery Marvland Montgomerv deoth. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 RURAL and give nearest lawn) Kensington Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Stillwater Avenue Suburban Hospital 11002 YES NO IX .5 NAME OF Middle 4. DATE Lost Year DECEASED OF DEATH (Type or print) REGINA ANNE MARON December 3 19 58 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED | DIVORCED [7] November 1980 28 yrs. popers. 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? eolh. puo Homemaker Own home Marvland corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chester A. Hammett Rose Redman BOVE hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Νő None Joseph O Maron-husband-same offending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)_ Bilateral confluent bronchopneumonis hours requires that the DUE TO permit. Canditions, if any, which Ony Tracheobronchitis 24 hours č gove rise to immediate **DUE TO** cause (a), stating the underpuo lying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CAT YES NO Residuals of bulbar polio 4 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur e. m. While Not while at work of work 21. I cortify that I attended the deceased from. 19 / that I last saw the deceased A, and that death accurred at 4.50 A.M. fram the causes and on the date stated above. ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE prior 3 should PHYSICIAN'S O HOSPITAL he registror TO FUNERAL Joseph. 9600 Old Georgetown Rd. NAME (Type) D. Connor Bethesda 220. BURIAL, CREMATION, 225, DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) poge REMOVAL (Specify)
Burial Lincoln Prince George County 23. FUNERAL DIRECTOR'S SIGNATURE ADORESS 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE DEC Robert A. Pumphrey. Bethesda. Maryland



Chapin St., NW. Washington DC DATE

e. IS RESIDENCE

28

Hours

INTERVAL BETWEEN PONSET AND DEATH

YES X NO T

(State

DATE SIGNED

(State)

Virginia

Trackers form

(County)

Days

U.S.A.

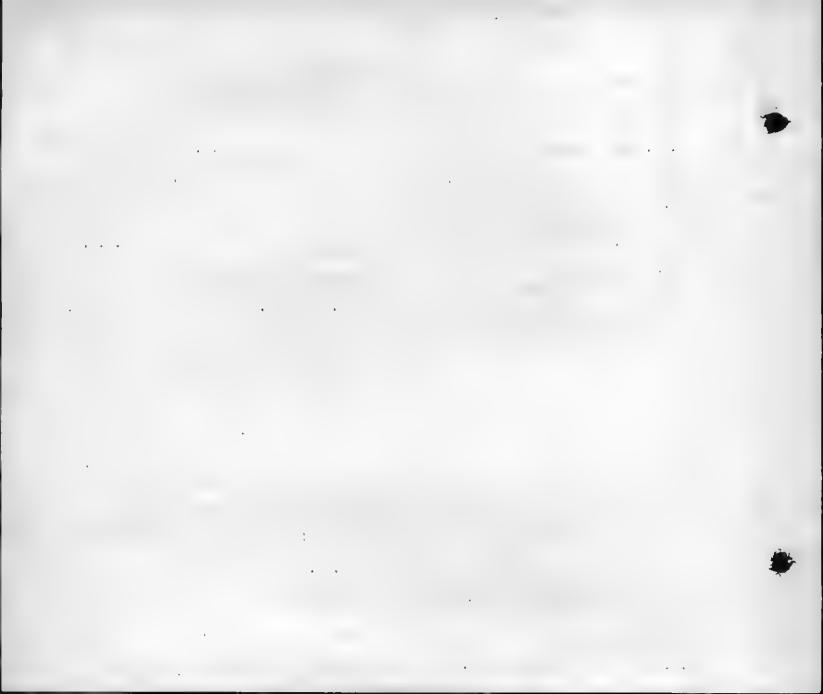
ON A FARM?

YES NO V

10 58

VS A15 (4) 15M 10/57

14 6226



Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery MARYLAND Mar vl and Lontgomerv c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Kensington hours Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION Suburban Hospital 3406 Ferndal Street YES NO 4. DATE NAME OF Middle Month Day Yeor DECEASED Martin DEATH December 20 19 58 (Type or print) Frank Herbert 9. AGE (In years lost birthdoy) IP UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7 MARRIED K NEVER MARRIED 8. DATE OF BIRTH Days Hours Male White WIDOWED [7] DIVORCED [April 25. 10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Marvland U.S.A. Retired Patrolman. Washington Terminal 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Duval1 Unkour Address 3404 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. PERFORMED? YES NO SCUCKC Sima 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m While Not white of work of work p m Dec 20 19 Sthat I last saw the deceased 1953 19 21. I certify that I attended the deceased fram... and that death occurred at LiepA.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED 10.511 Summit Ave., Kensington, Md. ACTUAL SIGNATURE 12/20/58 GEORGE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) BURIAL (Specify) FT. LINCOLN CEMETERY PRINCE GEO. COUNTY. MD. 24b REGISTRAR'S SIGNATURE SILVER SPRING, MD. 240. REC'D BY REGISTRAR DATE DEC 2 4 15.1

VS A15 (4)

FUNERAL



VS A15 (4) 15M 10/57 0

MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	18
14006	CERTIFICATE	OF DEATH	

13982

						Keg. Uit	it. No.	
. PLACE OF DEATH		MARYLAND	2 USUAL RES	t Virg	ere deceased lived	If institution- Resident	ce before admission)	
Montgomer								
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			c CITY OR	TOWN (If ou	itside corporate lin	nits, write RURAL and g	ive negrest town)	
Bethesda		72 days	Wor	th			-	
OR INSTITUTION			d. STREET			_\	e. IS RESIDENCE ON A FARM?	
	ical Center,	Bethesda III, Md.	II (NO	STLU6	t addres	8)	YES NO	
J. NAME OF DECEASED (Type or print)	William First	Middle (None)	Marti	st 19.	4. DATE OF DEATH	Month December	2, Yeor	
SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIR	TH	9. AG	E (In years IF UNDER	TYEAR IF UNDER 24 HRS	
male	negro WIG	DOWED DIVORCED	January	14, 1	939 17	birthdoy) Months	Days Hours Min	
On USUAL OCCUPAT	ION (Give kind of work done)	106. KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHE	LACE (Stole o	or foreign country)	'	IZEN OF WHAT COUNTRY	
Instrume	rking life, even it refired)	Unascertainable		est Vi		1 .	I. S. A.	
3. FATHER'S NAME			14 MOTHER	S MAIDEN N	AME			
Nathanie.			D	aisy H	eskins			
S WAS DECEASED EV	ER IN U. S ARMED FORCES?		INFORMANT T	he Med	ical Rec	ord Address		
No		Unascertainabl	• The	Clinic	al Cente	r, Bethesda	14, Marylar	
18. CAUSE OF DE	ATH [Enter only one couse p	per line for (o), (b), and (c)]					INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: Aortic Insufficiency							ONSET AND DEATH	
4./6X DUE TO								
Conditions, if		Rheumatic Hear	t Diseas	se			15 yrs.	
gave rise to immediate couse (a), stating the under:								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY							
3		A CONTROL OF STATE SO	THO RELATED !		AL DISEASE CON	UTION GIVEN IN PAK	PERFORMED? YES NO	
PAIT II OT	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED (Enter noture	of injury in Pa	ort I or Part II of a	tem 18.)		
20c. TIME OF INJU	RY Month, Day, Year 2	Od. INJURY OCCURRED 20e P	LACE OF INJURY	(Home, form,	20f. (City or tow	vn) (C	ounly) (Stole)	
Hour a.m.		Vhile Not while fi t work □ of work □	octory, street, offic	ce bldg., etc)			, , , , , , , , , , , , , , , , , , , ,	
			r 21 1958	De	cember Z	- 58		
The state of the s		eased from Septembe				. I y	ast saw the decease	
alive anD	ecember 2	19_ 20, and that deat	h accurred at			causes and on th	ne date stated abave	
Acres A	Alchan.	(on the durater)		DDRESS (Street, ci		DATE SIGNE	
SIGNATURE_	Jan Hall	Louisa contens	M.D	ne Ull	nical Ce		12-2-58	
PHYSICIAN'S NAME (Type)	JEdgar Habe	r, M. B.	' N	ationa ethesd	a 14, Ma	utes of He ryland	rith	
20. BURIAL, CREMATIC	ON, 226 DATE THEREOF	22c NAME OF CEMETERY C				City, town, or county)	(5+-4-)	
REMOVAL (Specify		The street of courters	on Chemotoki			ne, West V	(Stote) Timerinia	
Removal 3. FUNERAL DIRECTOR	PS SIGNATURE	ADDRESS		1		-		
Robert G.		18209th St.,	N.W.		BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE	
TOOCT C CI	TIOUMET C	102072 5000	. 7 - 97 -	DATE DE	5 '58	, ,	7 -	

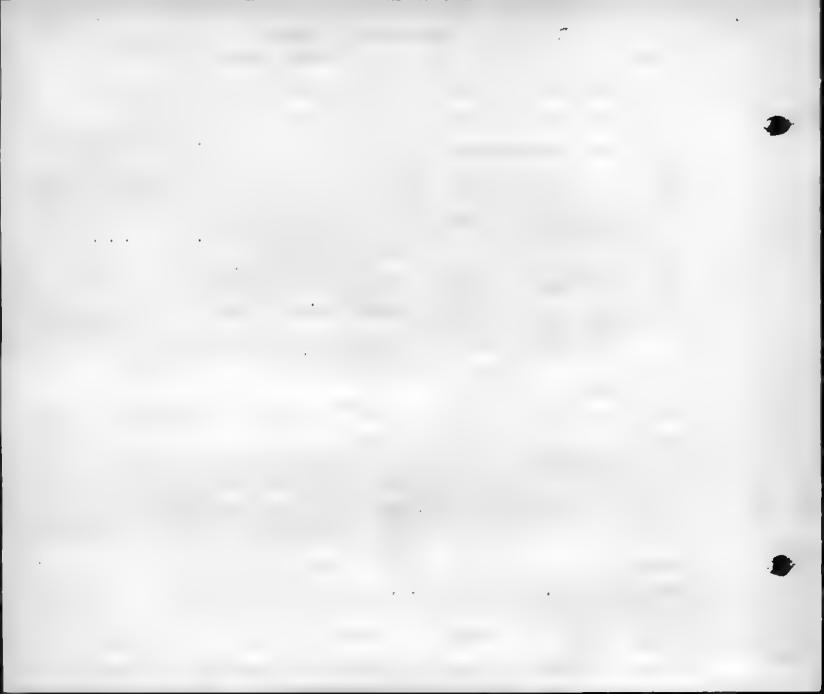


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14007

CERTIFICATE OF DEATH

13983 Reg. Dist. No.

	1.	PLACE OF DEATH	COMETY		MAD	YLAND	2. USUAL RESIDENCE (W		ed lived. If institution b. COUNTY	on: Residenc	e befor	e odmiss	ion)
Ì	-		If outside corporate limi	h. write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	/land	b. COUNTY	Montg	omei	У	1
وس		RURAL and give n	earest town)			10	11 .			UKAL ond 9	ive nea	resi iown	1
		d. NAME OF HOSPI	Spring. N TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	rer Sp	ring		T,	. IS RES	IDENCE
1			Gardens 1				1024 Univer	rsitv	Blvd. Eas	t		ON A	FARM?
	3.	NAME OF	Fir		Middle		lost	4. DATE	Mon		Doy		feor
		DECEASED (Type or print)	Isar	n			Mason	OF DEATH	_	_			9 58
	5. 5	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARR	IED 🗍	B. DATE OF BIRTH		9 AGE (In years	IF UNDER		IF UNDE	R 24 HRS
		Male	Caucasian				December 14.		lost birthdoy) 70 yrs.	Months	Days	Hours	Min.
	10a	 USUAL OCCUPATE during_most of wor 	ON (Give kind of work a king life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	ountry)		_		COUNTRY
	_	Sall esilar			Automobile		rranklin (Jounty	, Va.	U.,	S.A.		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
1	16	Henry Mas	R IN U. S. ARMED FOR	cera lu		.	Charity (ooper					
£.	(Yes	i, no, or unknown)	fif yes, give wor or dates of n	ervicel	SOCIAL SECURITY NO		wrence B. Mas	7.0%	Adde				
			tell fr				wrence b. Mas	oon,	(same as	172)			
			ATH (Enter only one co				dlure				OHS	RVAL BE	MEEN DEATH
	IMMEDIATE CAUSE (o)												
		420./ DUE TO Arteriosclerotic Coronary Artery Disease											
	gove rise to immediate												
		couse (a), stating lying couse lost.	the under-	,									
	Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19	. WAS A	UTOPSY
, 2	S	Chror	nic Pyelor	neph	ritis							PERFO	RMED?
	MEDICAL CERTIFICATION	20a. ACCIDENT W/	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)				
	T CE												
	DICA	20c. TIME OF INJUR Hour o. p.	Y Month, Day, Yes	r 20d. It While	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, farm story, street, office bldg., etc.	n, 20f. (City	y or town]	(C	ounty)		(State)
	ME	p. m.	19	of wor	k ot work				_				
		21. I certify th	of Lattended the	deceas	ed from Oct	13		Dec I		,that I le	ost so	w the	deceosed
		alive on Dec	9	_, 195	8 ond that	death	occurred at 10:1	58M, from	m the causes o	nd on th	e dot	e state	d obove.
		ACTUAL /	00%	1 -	71111	7		ADDRESS (S	treet, city or town,	stote)		DA	TE SIGNED
2		ACTUAL SIGNATURE	o begut &		nt packe	Rei	M.D. 10609 (Conco	rd Stre	et]	Dec	10-5
ĺ		PHYSICIAN'S ROMANE (Type) RO	bert T.	Thib	adeau, M	.D.	Kensin	gton,	Maryla	nd			
	220	BURIAL, CREMATIC	N. 225 DATE THEREO	00	129 NAME OF CEM	ETERY O	R CREMATORY	22d. 10CA	TION (City, lown, o	r county)		(State)
		purial	NEC-17.1	428	Courarees	Cer	nelity	100	nake		بجيعه نجينا	nin	
	23.	FUNERAL DIRECTOR	89	, ,,	ADDIES 2	54	CARRO 1/ 240. REC'	D BY REGIST	TRAR 24b. REGIS	TRAR'S SIG	KTURI	E	
	- 1	AKOMA	TUNERAL	140	ME	27V	E N.W. DATE NI	FC 1 5 13	58	128.	Hran	A	



FOR STATE HEALTH DEPT.

refor. Poge rour files. 9 TO DEPUTY MECICAL EXAMINER: This certifies should be executed within 24 llours ofter death. If any delay is nexecute the case, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be carded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Barist designated agent, prior to burial, cremation, or remaval, and in any-event within 72 hours after death.

VS A15ME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14008

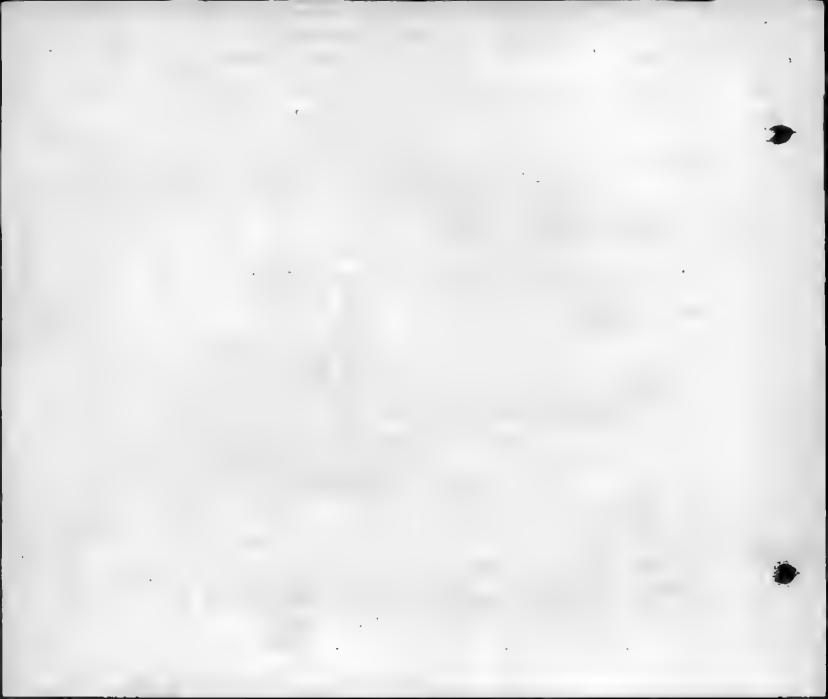
13984 Reg. Dist No.

	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission)
	o. COUNTY MINTEROMERY MARYLAND	o STATE med 6 COUNTY man 64
	b CHY OR TOWN (if outside conjugate limits in the CSAL C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give georest lown)
ı	and give redrest foun)	ele st. 4
h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDEN .
	1. 6. 2 11 -2	B-11.43 YES IN NO IN
-	3. NAME OF First Middle	
	DECEASED	OF O
	(Type or print) Custiney Welmer Mc	rossin DEATH Der 6 1958
H		DATE OF BIRTH 9. AGE (in year) Isul brithday) Months Days Hours Min.
L	male white WIDOWED DIVORCED	8-30-88 170 m 3 6
	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY
	Carpenter Building	med u.s.c.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Wester mcCrossen	· Comis M. Kelly
	15. WAS DECEASED EVER N U S ARMED FORCES? 16. SOCIALSECURITY NO. 17. IN	FORMANT D Address
1	No (Myes, give war or dates of service) Unknown 32	Deline Mc Cavasia Girlas Tim 2
F	18. CAUSE OF DEATH [Enfer only one cause per line far (o), (b), and (c).]	INITIARYAL RELAVIEDA
ı	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
H	Have IMMEDIATE CAUSE (0) Commany a	Delision sustalin
H	DUE TO	
1	Gonditions, if any, which to gove rise to immediate cause	Production desired and the second sec
1	(a), stating the underlying DUE TO	
1	cover lost, (c)	
	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	3 Haston of drevious hears	alterior YES NO 10
H	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF	nter nature of injury in Part I or Part II of item 18)
I	TOO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLAC	E OF INJURY (Home, form, 120f. (City or fown) (County) (Stole)
-	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC focio While Nat while of work at work at work	ory, street, office bldg., etc.)
-	21. I certify that I took charge of the remains described above	ve, held an Autopsy . Inspection . Inquiry . and in my
ı	opinian death resulted fram: Natural causes [2]. Accident	
1	opinion death resulted from: Matural causes (XI). Accident	, Suicide , Hamicide , Undetermined manner
	ACTUAL ST. 10 B	DATE SIGNED
ı	SIGNATURE MELLICA JA SAVECTICAL	_M.D CHIEF MEDICAL EXAMINER []
	EXAMINER'S FT	ASSISTANT MEDICAL EXAMINER
	NAME (Type) FRANK JUSTOSCHONT	DEPUTY MEDICAL EXAMINER 2 /2 - 6-38
4	270. BURIAL, CREMATION, 22b DATE THEREOF 27c NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d (OCATION (City, fown, or county) (State)
1		Church Darnestown, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE
	Robert A. Pumphrey Bethesda, Mar	Vland DATPEC 10'58 Chiling S. Mans



DATE

Sug buriol-transit registror 67) 0



CEPTIFICATE OF DEATH

13988

			R	eg. Dist, No.
PLACE OF DEATH COUNTY Montgomery	MARYLAND	o STATE Maryland	deceased lived If institution b. COUNTY	Residence before admission) Montgomery
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give necrest town) RED #3 Gai thersburg	2 years	RFD #3 Gai th	de corporate limits, wrste RUR/ nersburg	AL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Maurice Fra	ancis McLoughl	in Lost 4.	DATE OF DEC.	16 DOV 195 \$ 00 00 00 00 00 00 00 00 00 00 00 00 0
Male 6. COLOR OR RACE 7. MARRIED White WIDOWED [-	DATE OF BIRTH		under I YEAR IF UNDER 24 HRS anihs Days Hours Min.
	ID OF BUSINESS OR INDUSTR	Sturgis, I		12 CITIZEN OF WHAT COUNTRY U.S.A.
3 FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
William McLoughlin			McLoughlin	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)		rs. Kenneth D	. Miller RFD	3 Gaithersburg,
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.	enoclisos	nestension.		years:
PART II. OTHER SIGNIFICANT CONDITIONS CON	PRIBUTING TO DEATH BUT A	OT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	MONE	(Enter nature of injury in Port	I or Part II of item 18.)	
Hour o.m. While		E OF INJURY (Home, form, 2 y, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on OAAA, 15 , 19 SE ACTUAL SIGNATURE STEPLES C. C.	and that death o	ccurred at 9 PA	A, from the causes and MRESS (Street, city or town, stol	hat I last saw the deceased an the date stated above DATE SIGNED ACCEPTED AND ACCEPTED ACCEPTED AND ACCEPTED AND ACCEPTED AND ACCEPTED AND ACCEPTED ACCEPTED AND ACCEPTED ACCEPTED AND ACCEPTED ACCEPTED ACCEPTED ACCEPTED AND ACCEPTED A
PHYSICIAN'S Stephen C. Crom	well, M.D.		0	12/17/5
REMOVAL (Specify)	2c. NAME OF CEMETERY OR C	REMATORY 220	J. LOCATION (City, town, or c	ounty) (State)
REMOVAL (Specify) BUT1a1 12.19.58 3. EUNTEAL DIRECTOR'S/SIGNATURE	Gate of Heave	24o. REC'D BY	REGISTRAR 246. REGISTRA	Pat Co Md .
50000	316 E. Diamond Gaithersburg	AVE. DATE	9 2 58 0.1	og & Krant

may be retain by the hospital or attending physician.

TO FUNERAL DIVACTOR: After this callificate has also signed by the attending physician and mammelly filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OF VS A15 (4) 15M 10/57

13.

00



FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13987

XXVII	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
" o. COUNTY, MARYLAND	o. STATE had b. COUNTY manta
b. CITY OR TOWN Iff outs de Coporcia limits, we se RUPA. C LENGTH OF STAY IN 15	c. CFTY OR TOWN (If autside carporate limits, write RURAL and give nearest fown)
B. Falson	X Q. Thurston
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress)	d, STREET ADDRESS
6705 Brigadoon in	6705 Brigadoon De YES NOS
3. NAME OF DECEASED (Type or print) First Middle	Last 4 DATE Month Day Year OF DEATH 2 2 2 10 57/
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8	16 16 17 17 17 17 17 17 17 17 17 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Fre What WIDOWED DIVORCED	2 - 18 - 93. loss b.rhdey Months Days Hours M.n.
100. USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTI	
I housewide	Arthuania U.S.C.
33. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Unknown Jonelunas	Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In	FORMANT Address
No 291-01-5130/	lele Keller Edgenstel the 2
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL DELIVERN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (9)	ONSET AND DEATH
1420.1 DUE TO	there I have
Conditions, if any, which)	
gave rise to immediate cause	
couse lost. Columnia Columnia	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATA	PERFORMED? VES [] NO []
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (E)	nter noture of injury in Port F or Part II of Item 18.)
PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	and the state of t
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Home, form, 120f, (Cily or town) (County) (Stole)
Hour o. m. While Not while factor	ry, street, affice bldg , etc.)
21. I certify that I took charge of the remains described above	te held on Autonox Cl. Investiga E2 Luci A2
la la companya di managantan d	
opinion death resulted from: Natural causes , Accident	, Suicide [], Hamicide [], Undetermined manner []
ACTUAL OF 10 B SAFE &	CHIEF MEDICAL EXAMINER T
SIONATURE JACUS J. J. J. J. T. Train	_ M U
EXAMINER'S MAME (Type) FLANK J. Broschart	DEPUTY MEDICAL EXAMINER D 12-25-58
270. BURIAL, CREMATION 276 DATE THEREOF 22C NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, lown, or county) (State)
Burial 12/25/58 Parklawn C	emetery Rockville, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A Pumphrey Bethesda Mary	land per 0 = 0 3 0 '58 " " " " 8. Krous

TO DEPUTY MEDICEL EXAMINER: This certifiers should be reted within 24 hours after Leath. If any delay is execute the ficate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the foneral 4 should be powarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Bor its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death. V\$ A15ME 5M 2/57



CERTIFICATE OF DEATH 14012 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b. COUNTY Mon MARYLAND VICTA b. CITY OR TOWN (If outside reported limits, white) c. LENGTH OF STAY IN 15 c CITY OR TOWN (It outside corporate limits, write RURAL and give horest town) agras d NAME OF HOSPITAL III postist hospital, gitt stoet oddross d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? JOEW WOODEN YES NO TO NAME OF 4. DATE Middle Yeor OF DEATH HARR T \mathcal{D} \mathcal{A} \mathcal{H} (Type or print) 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Doys Hours WIDOWED TY DIVORCED T 100. USUAL OCCUPATION (Greek kind of work done 10b KIND OF/BUSINESS OR INDUSTRY NU BIRTHRUACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most enwerting life, even if retired) Unuglow bound MOTHER'S MAIDEN NAME 13. FATHER'S NAME NOW 17 INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 5 11 SWON 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stoling the underarrai lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTINUENTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO U 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury & Rant I or Port II of item IB.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stole) Not while foctory, street, office bldg., etc.) Hour o.m. While ot work 🗔 ol work ______1958,that I lost saw the deceased maes 21. I certify that I attended the deceased fram, 15 PM, from the causes and on the date stated above. alive on NORE and that death occurred at A ADDRESS (Sweet, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 5 PHYSICIAN'S ROBERT COALE NAME (Type) 220. BURIAL CREMATION. 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 12/6/58 Oak Hill Cemt. Washington, D. C. **ADDRESS** 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR Washington, D. C. DATE DEC (1 +1 + 9 + and 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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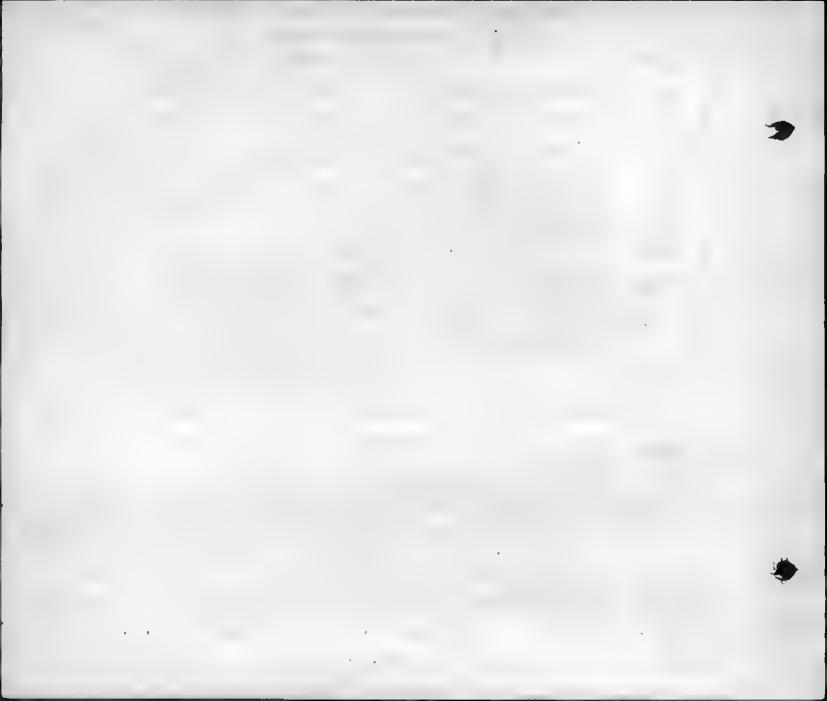
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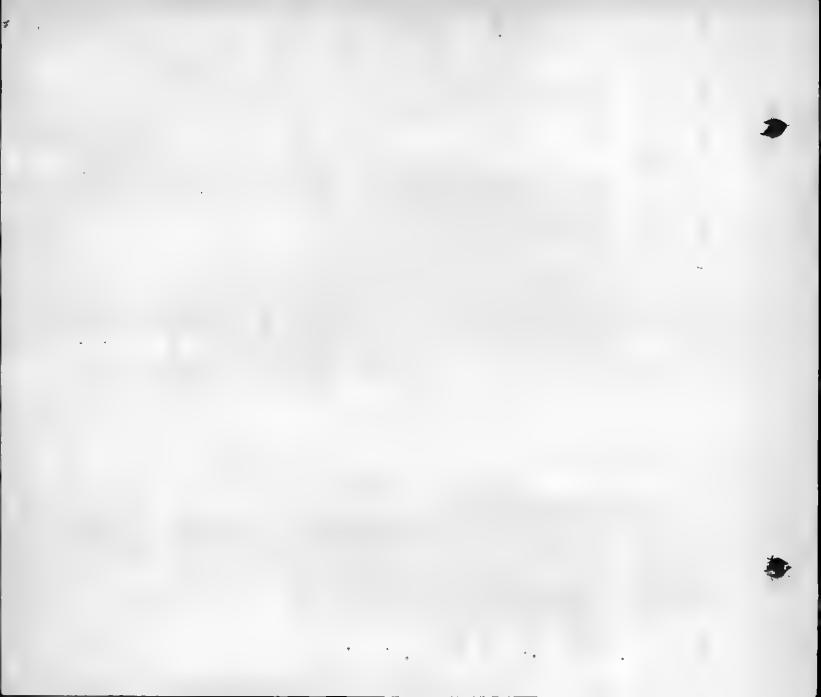
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filed



13881 **CERTIFICATE OF DEATH** Rea. Dist. Ne 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND comer bia erol b CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pegrest tawn) WashingTon d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO D 06 Grningsid pug NAME OF First Middle DATE Lost Month DECEASED December (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years lost, birjhday) IF UNDER I YEAR! IF UNDER 24 HRS Months Days Hours WIDOWED [DIVORCED [0 YES. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Style or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) 6.5, W 6458 W.L carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician OV Sha Hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address ending 'n 0 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH 7 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which any gave rise to immediate **DUE TO** cause (a), stating the underond lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. FLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f (City or fown) (County) (State) factory, street, office bldg , etc.) Hour a m While Not while at work at work 195 21. I certify that I attended the deceased from 🔼 19.5_&that I last saw the deceased M. from the causes and an the date stated above and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shauld PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL, CREMATION. 22b. DATE 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify)
Removal 2 6 Alexandria Cemeterv Alexandria. Kentucky 9 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b REGISTRAR'S GIGNATURE DATEDEC ashington, 15M II/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18







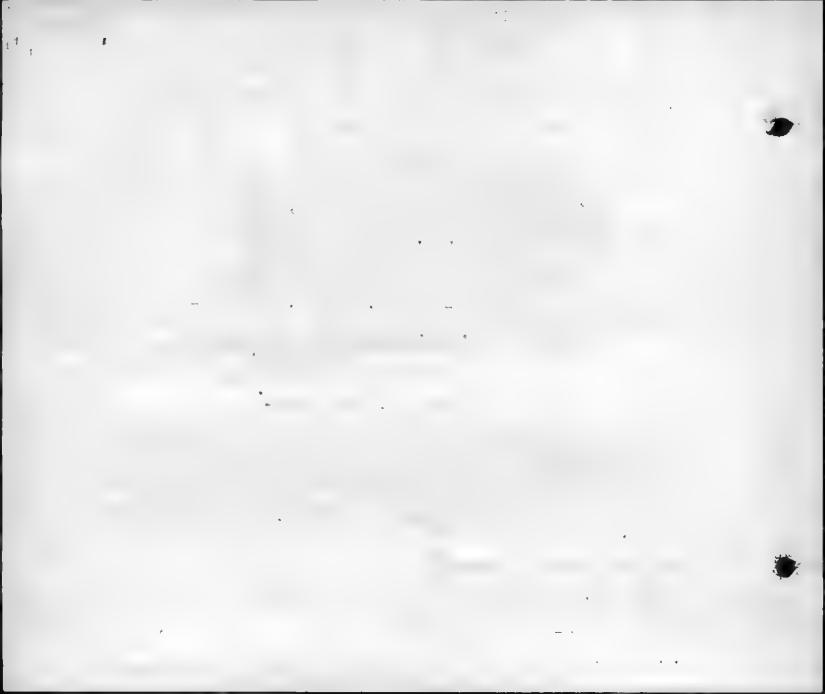
CERTIFICATE OF DEATH

			1	3	3	9	2
Reg.	Dist.	No.					

	1. PLACE OF DEATH a. COUNTY	ontgomery		MARY	LAND	2. USUAL RESID	Maryl		d lived. If institute b COUNTY	on Reside	nce before	re odmiss	on)
	b. CITY OR TOWN (IF RURAL and give ner Dickerson	outside carporate limi arest tawn)	ts, write	LL Months			own (# o		irote limits, write f	URAL and	give neo	rest lown)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, g	jive street o	oddress)		d. STREET A	DDRESS						DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	Fir ELV		Middle KEEFE	R	MOBL		4 DATE OF DEATH	Decem		30,		reor 1958
	s. sex Male	White	WIDOWE			November	4,18		9. AGE (in years de birthday) yrs.	IF UNDE Manths	Doys	Hours Hours	R 24 HRS Min
	during most of work Retired G	N (Give kind of work ing life, even if retired aurd	dane 10b.	Tel. Co.	RINDU	TRY 11, BIRTHPL		or foreign of yland	ountry)	12 CI	ITIZEN O	USA.	COUNTRY
	13. FATHER'S NAME Jeff	erson Mobl	ey			14. MOTHER'S		attic	Funk				
)	15. WAS DECEASEDEVER	IN U. S ARMED FOR If yet, give wor or doles of s NO	erwre)	social security No 17-07-8297		r. George	e W.]	Dronen	hbu rg —San	ress le as	Ite:	n #2	
1	PART I, DEAT	IH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO iy, which (b) nmediate ())	carpa	in:	rdial sy &	osi	note	arch	EY		erval BEE	
	САПС			ONTRIBUTING TO DE						VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED?
	_	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Ye 19		Nat while	20e. PL	O. (Enter nature a ACE OF INJURY (I stary, street, affice	lome, farm	. 20f. (City			(Caunty)		(State)
/	21. I certify the alive an	M. 29 M. Vernor	decease 1957 Mari	od fram Jan , and that	death	occurred on	8:30A	M, from	n the causes of treet, city or town,	and an	the da	te state	ed abave ATE SIGNE 30/58
	BUT 121	1-3-59				t Cemete]	Frederic	C ₂	Ma	ry Lai	
			Free	derick, Man	ryla	nd	DATE	D BY REGIST		STRAR'S S	IGNATUI	(E	

TIENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained the haspital or attending physician,

TO FUNERAL DIM COR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72-haps, after death. TO HOSPITAL OR VS A15 (4) 15M 10/57



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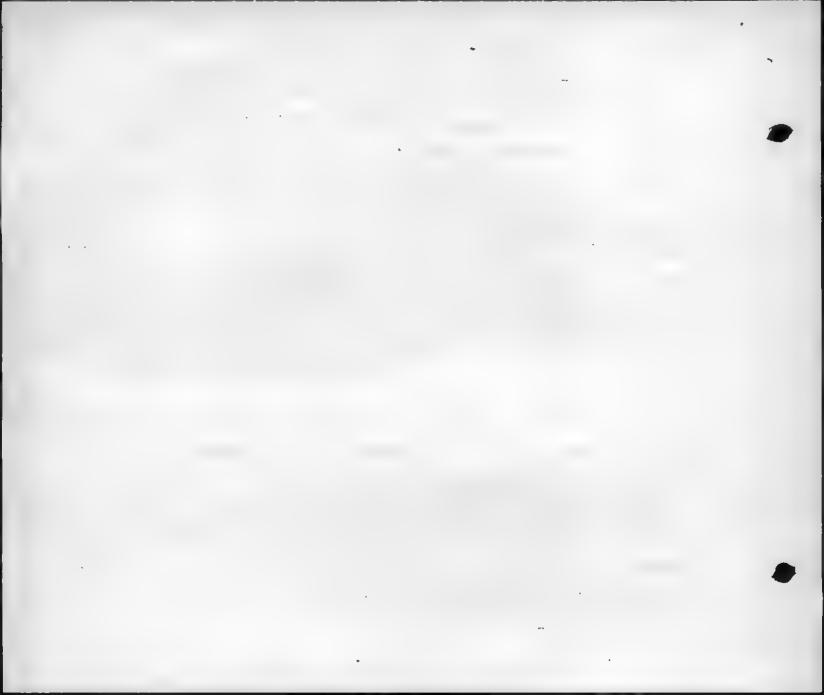
								MAN. D	141. 110,		
PLACE OF DEATH COUNTY	Mantagana	207.5	MARYLAND	II G. STATE	ew Je		d lived. If institution b. COUNTY	on: Reside	nce befor	e admiss	ion)
b CITY OR TOWN (I	Montgone Foutside corporate fimi		c. LENGTH OF STAY IN 16				prote limits, write R	1PAL and	A.u	real tour	.1
RURAL and give no	orest lown)						**************************************	UKAL BIIG	give neu	(ESI IOWII	* 1
Bethesda	AL (If not in hospital, g	ive street	3 days	d STREET A	ewark	4,	(, , ,	· -		- te bce	IDENICE
OR INSTITUTION			- 1	11					1		FARM?
	L Center,	Bethe	esda lli. Md.	<u>11 5 </u>	9 Wake	eman l	Avenue			YES [NO 🔯
3. NAME OF DECEASED	Fun	Ы	Middle	Los		4. DATE OF	Man	th	Do	/	Yeor
(Type or print)	Edward		Evert	Molt	er	DEATH	Dece	mber	19	9, 1	19 58
S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)				R 24 HRS
male	White	WIDOWI	ED DIVORCED	June 27	. 189	8	60 yrs	Months	Doys	Hours	Min
10a. USUAL OCCUPATIO	N (Give kind of work	Jone 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPI	ACE (Stole	or foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Marine Engi	ing life, even if refired		Merchant Marin	e New	York				II.S	S.A.	
13. FATHER'S NAME				14. MOTHER'S		IAME					
William Ric	hard Molte	79		Adala	Stoc	ketili	1				
IS WAS DECEASED EVE			SOCIAL SECURITY NO 17				Record	arr.			
[Yes. no. or unknown]	If yes, give wor or dates of s	rrvice]							7	7	- 1
no				ne Clini	Call C	enver	, Bethesd	а 14.			
	ITH Enter anly one co TH WAS CAUSED BY:	use per lii	ne far (a), (b), and (c)]	11-11	, ,				INTE	FYAL BE	DEATH
7 60	IMMEDIATE CAUSE (6		LESPIRATOR	4 FAI	LUK	16				DA	45
1411	DUE TO					1					
Conditions, if or		. n	IETASTATIC (PARCIN	DMA	ol	HYPO PHI	ARYN	/ X	9 n	10NS
gove rise to it											
lying cause lost.	lc.	1									
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 15	9 WAS	AUTOPSY
										PERFO	NO [
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	D (Enter nature a	of injury in P	ort For Por	1 II of item 18)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While	NJURY OCCURRED 20e. Pl Not while fo	ACE OF INJURY (ctory, street, office	Home, form, e bldg., etc.	20f. (City	y or tawn)	(County)		(State)
21. I certify th	at Lattended the	deceas	ed from December	16.19 58	to Des	cembe:	r 19.10 58	that I	lost so	w tha	decease
alive on_Dec	ember 19	10	and that death		10:00	Pu		.,IIIUI I	lusi su	w me	decease
01110 011			para, and mar dean	occurred at			n the causes a treet, city or town,		he dat		ed abave ATE SIGNEE
ACTUAL SIGNATURE	Berna	ul	Meinstein		Clin	ical (Center			20-58	
PHYSICIAN'S T	BERNA	RD_	WEIN STE	Nat Mat	ional hesda	Unst:	itutes of <u>Maryland</u>	Heal	Lth		
220. BURIAL, CREMATIO	N. 22b. DATE THEREO		22c. NAME OF CEMETERY C	R CREMATORY		22d, LOCA	TION (City, town, o			(Stote	e)
urfw14Tra	nsit 12-2	1-58	Glendale	Cemeter	У	Bloc	omfield,	.]	New	Jer	'sey
23. FUNERAL DIRECTOR'S ROBERT A.	S SIGNATURE PUMPHRE	Y	Bethesda,	Md.	24a. REC'E	BY REGIST					
					I PUIT						

funeral director, ofter deoth. Poge 4 may be retated by the haspitol or ottending physicion.

O FUNERAL D ACTOR: After this certificate has been signed by the ottending physician and completely filled in b page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours moy be reta

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VS ATS (4) TSM 10/57



OR STATE HEALTH DEPT.

N.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13994 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 3. Film G-237 12/19/58.c 14017 Reg. Dist. No.

	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission)	-
1	Montgou	E 7°77 MARYLAND	o STATE Maryland b COUNTY Hontgodery	
1	b. CITY OR TOWN (ti outs de corporate i and give negresi town)		c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	_
	Darnestown	- Rural	Darnestown - kural	
		FION (If not in hospital, give street address)	/d STREET ADDRESS e 15 REGIGENY ON A FARM	
	R. F. D. #3, G	-	R. F. D. #3, Gaithersburg No!	XI.
	3. NAME OF DECEASED	First Middle	Lost 4 DATE Month Day Year	
		RSH.IL P. P.	MAY LAK R December 11 1958	
	5. SEX 6 COLOR OF	R RACE 7 MARRIED K NEVER MARRIED 8		R\$
	uale Whit		May 4, 1901 57 m 7 7 8000 7	
	100 USUAL OCCUPATION (Give kind of during most of working life, even if it	of work done 10b KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT	RY?
	Flumber	Plumbing	Virginia US	
	13. FATHER S NAME		14 MOTHER'S MAIDEN NAME	
	James Mone		Unknown	
	15. WAS DECEASED EVER IN U. S. ARA		NFORMANT Address	
	No		Isabel 50 ley-daughter-same as 2d	
	18 CAUSE OF DEATH [Enter only	one cause per line for (o), (b), and (c).	INTERVAL BETWEET.	-
	PART I, DEATH WAS CAUSE IMMEDIATE CA	Coronary		
	11001	DUE TO		
	Conditions, if any, which)	(b)		
	gave rise to immediate cause (a), stoling the underlying	DUE TO	The final state of the state of	
	cause lost.	(c)		
	PART II, OTHER SIGNIFICAN		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS	¥ -
3	PART II, OTHER SIGNIFICAN DE 200. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 1 CAUSE OF DEATH.		PERFORMED?]
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	206 DESCRIBE HOW INJURY OCCURRED (inter nature of injury in Port I or Pert II of Item 18)	
	9		CE OF INJURY (Home, form, 120f (City or lawn) (County) (Slota ory, street, office bldg, etc.)	}
	Hour o, m, p. m.	19 White Not white tact of work		
ı	21. I certify that I took c	harge of the remains described abo	ve, held an Autopsy [], Inspection [X], Inquiry [X], and in m	ıy
	opinion death resulted fro	ım Natural causes 🔀, Accident [. Suicide . Hamicide . Undetermined manner	
		20		
	SIGNATURE Frank	4- Moschant	_M.D. CHIEF MEDICAL EXAMINER []	
ζ.	EXAMINER'S	7	ASSISTANT MEDICAL EXAMINER ()	
		J. broschart	DEPUTY MEDICAL EXAMINER D	
	220. BURIAL, CREMATION, 226 DATE	THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county) (State)	
	Burial 12/1	3/58 Rockville	Cemetery Rockville, Maryland	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	_
	Robert A. Fum	phrey Bethesda, Ma	ryland DATOEC 15'53	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral ectar. Page 4 should be added to the Chief Medical Examiner's Office along with-farm-PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boold of Health, or its designated agent, prior to burial, cremation, or removal, and in an example of powers ofter death. VS A15ME 3M 2/57



requires that



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

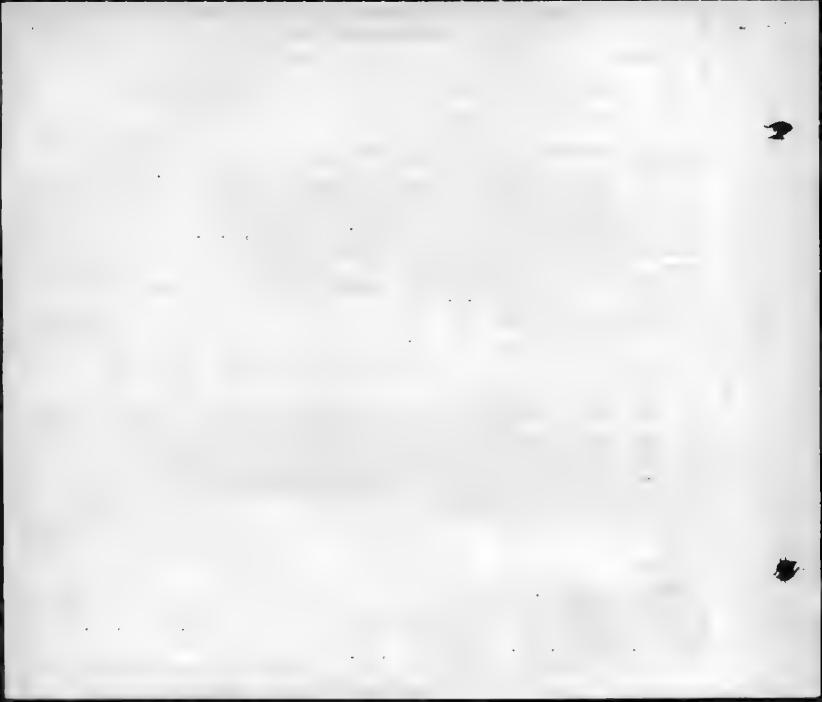
13883 **CERTIFICATE OF DEATH**

13996 Reg. Dist. No.

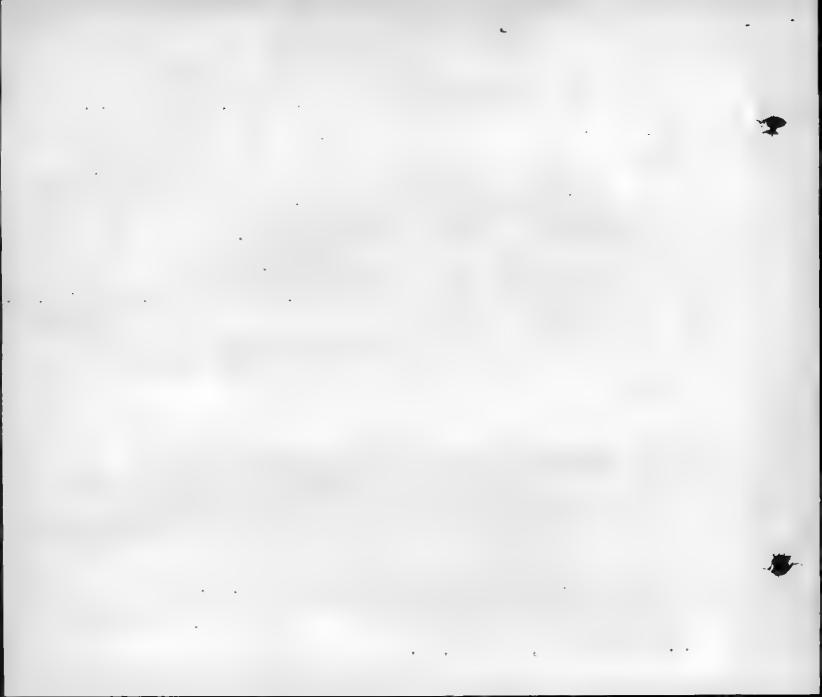
1. PLACE OF DEATH • COUNTY		2 USUAL RESIDENCE (Where o		Residence before admission)
Dentarines	MARYLAND	DIAR Jone	P. COUNTY	adecor 22
b. CITY OR TOWN (If outside carporate li	imits, write c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	e corporate limits, write RUR	AL and give nearest lown
TAKONA TORK	322	175, / West)	December	
d. NAME OF HOSPITAL (If not in hospital	I, give street address)	d STREET ADDRESS		IS RESIDENCE
CRINSTITUTION SEIN	V Hosi.	10.14 5.	the lard	VES NO
3. NAME OF DECEASED	First Middle		DATE Month	Doy Yeor
(Type or print)	d Aleysini	Murphy	DEC.	4 19 58
5. SEX 6. COLOR OR RAC	E 7. MARRIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male - bot.	WIDOWED DIVORCED	6/22/16	/ Ja. yrs.	Months Days Hours Min
10c. USUAL OCCUPATION (Give kind of wor during most of working life, even if retin	rk done 10b. KIND OF BUSHNESS OF INDE	STEP 1. BIRTHPLACE (Stote or to Washingto	reign country)	12. CITIZEN OF WHAT COUNTRY?
6. 17812 6 /14 6 Rose		wasningto	H, D. O.	Hillerian
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
John Murph	1	MARY Co	.C. R. C.	
15. WAS DECEASED EVER IN U. S. ARMED F		INFORMANT	Addres	1
{Yes, na, or unknown} {If yes, give war as dates a	577-10-3985	Pta Hapak	e" = 6 16 E	
18. CAUSE OF DEATH [Enter only one	couse per fine for (o), (b) and (c).]	1). n'11		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	in accomona	Kuthy Xem	9-	ONSET AND DEATH
165X DUE		1	/	
Conditions, if ony, which)	Derminal Co	al in		12.5
gove tise to immediate	(b)			122
lying cause lost.				
	(c)	TAINT BELATER TO THE TERMINAL	DIFFEE COMPUTION COM	The state of the s
PAR II. OTHER SIGNIFICANT CC	ONDITIONS CONTRIBUTING TO DEATH BUT	I NOT KETATED TO THE TERMINAL	DISEASE CONDITION GIVEN	PERFORMED?
70				YES NO D
PART II. OTHER SIGNIFICANT CO	TH R)	ED (Enter noture of injury in Port I	or Port II of item 15]	
ZOC TIME OF INJURY Month, Doy,	Year 20d INJURY OCCUSRED 20e PI	LACE OF INJURY (Home, form, 20	Of (City or town)	(County) (State)
Haur o. m.	While Not while fo	ctory, street, office bldg , letc 1)	~~	(20011)]
\$ p. m.				
21. I certify that I attended th	he deceased from Luly 2	S, 1958 10 1 100	24 , 1958,	that I last saw the deceased
alive on 12 14	, 1955, and that death	n occurred at 3 7 M		d an the date stated above.
	4 1		RESS (Street, city or town, sto	
SIGNATURE	nelle flaughten	MD. 934 (786)	worth din	12-4-58
	- \ /	Silv	es former Me	(
PHYSICIAN'S KENNETH F	. LAUGHLIN		, , ,	
22a. BURIAL, CREMATION, 22b. DATE THER	REOF 224 NAME OF CEMETERY C	OR CREMATORY 22d	LOCATION (City, town, or	county) (State)
BURIAL (Specify) 12/9/58	CEDAR HILL CI		RINCE GEO. CO	
53 VERIMERY DIRECTOR & FIGHTINES	T NO ADDRESS	24o, REC'D BY		RAR'S SIGNATURE
Paymand a. F.	SILVER SPRING	MD. DATE DEC	0.150	1. 7 9 4
101000000000000000000000000000000000000	W .T 61 .	I DAIL DEL		Second I T . A

2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reto to the haspital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55



deoth:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14019 **CERTIFICATE OF DEATH** funeral director, and be Shectwith ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) o. STATE 6. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown). BETHES DA c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS 74 HOSP 3. NAME OF 4. DATE Middle Lost Month the attending physician and completely filled. Then please remove carbon papers. Pages 1 Then please remove carbon papers. in ony event within 72 hours after death may be retain by the hospital or attending physician. TO FUNERAL D. TOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. the registrar prior to buriol, cremotion, or removal, and

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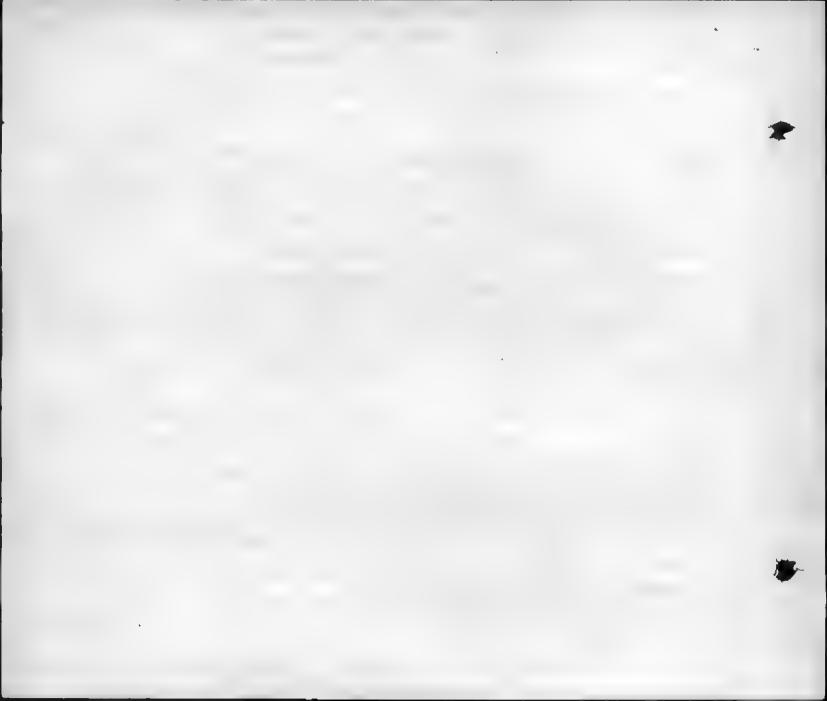
Reg. Dist. No.

IS RESIDENCE ON A FARM? YES NO

Year

	(Type or print)	SABY	C.	1 R. L.	Ni	: KM19	W.D	Υ	DEATH	DEC	EMA	SK	18 1	958
5.	SEX	6. COLOR	OR RACE 7	MARRIED 🔝	NEVER MARR	ED B D	ATE OF BIRT	'Н /		9. AGE (I	n years IF	UNDER 1 Y	EAR IF UNDE	
	Emake	WK	ile W	IDOWED 🔲	DIVORCE		CECIA	char-1	18 199	8: 1	FOZ.	onths Do	ays Hours	Min.
10c	during most of we	ION (Give kind	of work dor	10b. KIND O	F BUSINESS C	OR INDUSTRY	11. BIRTHP	LACE (State o	r Foreign co	ountry)		12. CITIZI	N OF WHAT	COUNTRYS
_				-			111	wif	lan	d		4	1.54	
13.	FATHER'S NAME	1		. 1.		_ / l¹	4 MOTHER!	MAIDEN NA	AME 1	1.				
L	Willan	d 6	20uc	21/02	an an	des	Ma	2100	7/	10	Mesz			
	WAS DECEASED EN	VER IN U. S. Al lityer, gave war			SECURITY NO) IV INFO	RMANT		1.1	11.	Address	7	. 12	0
L		1				PC	Mes	Z	WIL	Ran	a ,	las	es //	Torlan
	18. CAUSE OF D	EATH [Enter o EATH WAS CAI				•						Ì	INTERVAL BET ONSET AND	WEEN DEATH
	F	., IMMEDIATE		丹丁丘上	E C LBS	∆ 7							1 st. ,	
			DUE TO	FRIT:	0 7	-	1 4	>.		2			1 /	
	Conditions, if		(b)	1 (1)	14141	OKE	- / /	CIVI) 6	17 1	<u> </u>		1-4-01	· · ·
	couse (a), statin	g the <u>under-</u> (DUE TO											
z	lying couse los		(c)	TIONS CONTRIB	UTING TO DE	ATH BUT NO	T DELAYED Y	THE TERMIN	AL DISSASS	COMPIT	ION CONT.	********	Calle WAS A	LITOREY
CERTIFICATION	PART II. O	THER SIGNIFIC	ANT CONON	HONS CONTRIB	UINO IO DE	AIII GOI NO	I KELATEO II	J THE TERMIN	INT DISEASE	CONDI	ION GIVEN	IN PAKI I	PERFOR	MED?
F	20n ACCIDENT V	VAS UNDERLYII	NG [] 20	Db. DESCRIBE HO	OW INJURY C	OCCURRED (F	nter noture	of injury in Po	ort Lor Port	II of item	183		YES	NOTE
E	20a. ACCIDENT Y OR CONTRIBUTION (IF EITHER, NOTIS	IG CAUSE C	AMINER)			,								
CAL	20c. TIME OF INJU		Doy, Year	20d. INJURY C	CCURRED			(Home, form,		or town)	•	(Cou	inty)	(Stole)
MEDICAL	Hour e.m		19	While No	t while work	foctory	, street, ottic	e bldg., etc.)						
	21. I certify	that Latten	ded the d	eceased fra	m 12-	-13	1953	to 13	1-18	. 53	19 ti	nat I Ia	st saw the o	decensed
	olive on &	2-18-	53										date state	
			ميسر	-							or town, stat			TE SIGNED
	SIGNATURE V	Mua	nu t	rank	2	мо	544	-W/ 1	SOR		17F K	1 1/6	AYILLE	12-18
١,	PHYSICIAN'S .	. /		m								, ,		
伍	NAME (Type)	VILLI		HRRNK	1 M 1 N						*************************************			
220	REMOVAL (Specif		/ /		TAME OF CEN	. 7	REMATORY		22d LOCAT	ION (City	. lown, or co	ounty)	(State	00
	21500521	10	3/20/6		e Wash	ing ten	11/2 die		losh	1335	TIJI.	1/16.	Wash	- O.C.
23.	FUNTERAL DIRECTO	K S SIGNATUR	1-0	~ ~	Casda	Sal.	,	24a. REC'D			ib. REGISTRA			
	ODE~ N	long	rey	114)1	a sua	mici '		DATETIEC	4 4 50	2	C t'm	7 4. 70	ratts	
			/											

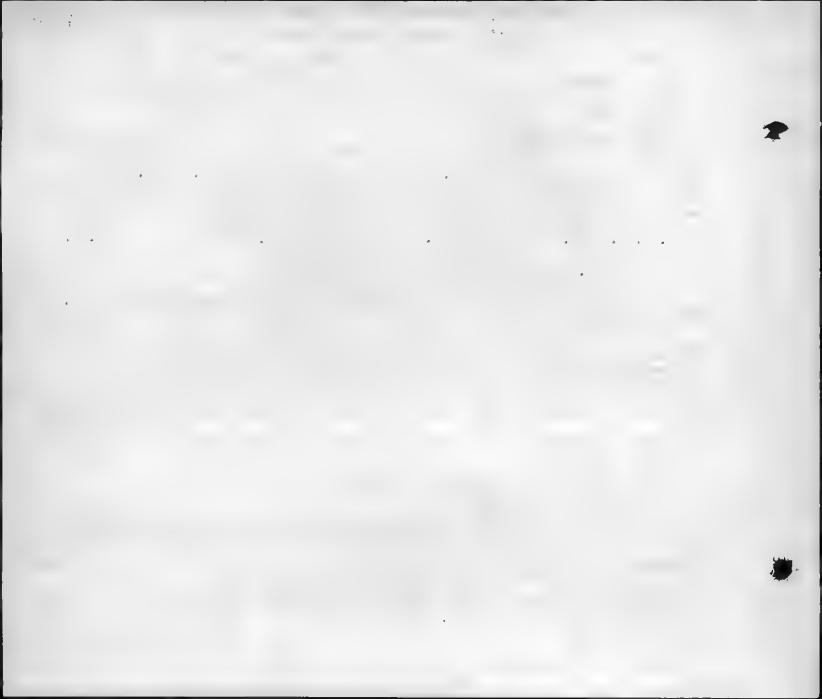
TO HOSPITAL OF VS A1S (4) 15M 9/SS



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	5	F-	ege 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers, Pages 1 and Z Rauld be filed with
1	ŠM	9/	55

	14	020	CERTI	FIC.	ATE OF D	EATH	1		Res	g. Dist. No	D.	
PLACE OF DEATH COUNTY	ntgomery		MARY	LAND	2 USUAL RESID	ence (wh		b COU	NITY	ancart		isran)
	outside corporate lim orest town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TO		utside corpo	rate limits, wr	Ile RURAL	and give no	raresi law	(n) v
d NAME OF HOSPITA	AL (If not in hospital,	give street i	address)		d STREET AL					***************************************	ON /	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)	John	rst	Middle A		Nugent		4. DATE OF DEATH	Dec.	Month 28th	• 1958	B	Year 19
5. sex Male	White	WIDOWE	tund'	0 0	7/8/19	00		9. AGE (In ye lost birthdo 58	ors IF U	NDER I YEA	R IF UND Hours	-
during most of work Ret. U. S.	N (Give kind of wark ing life, even if relired GOV t .	dane 10b.	kind of Business o	IR INDU	STRY 11. BIRTHPLA	CE (Stole	or fareign co a , Va	ountry)	1		OF WHA	T COUNTRY
	n J. Nugen					maiden n ha Ha						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, gave wer or dates of	CES? 16.	SOCIAL SECURITY NO	1	NFORMANT Clizabeth	Tiff			Address 11ma	rnock.	, Va	•
PART t. DEAT Conditions, if or gove rise to in couse (o), stoting to lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO: Ity, which he under: OUT TO: (c))	e for (0), (b), and (c).	ON				SION		ON	TERVAL BI	D DEATH
КАТІ			ONTRIBUTING TO DE							N PART 1(0)	PERFO	AUTOPSY ORMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) (Month, Doy, Ye	<u></u>	RIBE HOW INJURY O	20e. PL	ACE OF INJURY (H	lome, form,	20f. (City)	(County)	(State)
20c TIME OF INJURY Hour a.m. p. m.	19		Not while of work		ctory, street, office		12/2	0	<u>-0/</u>			
ACTUAL SIGNATURE PHYSICIAN'S	of tallehold the	Jag	and that	death	n occurred at 5	5-00	ADDRESS (SI		es and	on the de	ate stat	deceased ed above ATE SIGNED
NAME (Type) 20. BURIAL, CREMATION REMOVAL (Specify) B1271a1	N, 226. DATE THEREC		22c. NAME OF CEMI	_	R CREMATORY		72d. LOCA1	ion (City, 10)	vn, or cou	ginia	(Sto	te)
23. FUNERAL DIRECTOR'S	FIBUCK	Son	ADDRESS 44			240. REC'C	BY REGIST			S SIGNATU		



E.

PLACE OF DEATH Montgomery

MARYLAND STATE DEPARTME

14021 **CERTIFICA**

NORTH DOME

NT OF HEALTH		TIMORE, 1	8		14	000
IS OF DEATH			Reg. D	st. No.		
2. USUAL RESIDENCE (Who state New You		d lived. If institution b. COUNTY	on: Resider	ce befo	re admiss	ion)
c. CITY OR TOWN (If o	utside corpo	prote limits, write RI	URAL ond	give nec	rest town	1) 🤘
New You	ck		1 6	<i>z</i> .		
d STREET ADDRESS					e. IS RES	IDENCE FARM?
501 W.	170	lat Stree	t		YES [NO G
lost	4. DATE OF	Mont	th	Do	у `	Year
O'Boyle	DEATH	Dece	mber	8		19 58
DATE OF BIRTH		9. AGE (In years last birthday)	IF JNDER	LYEAR	IF UNDE	R 24 HRS
September 28	1921	37 yrs.	Months	Doys	Hours	Min.
RY 11 BIRTHPLACE (Stote	or foreign c	ountry)	12 CI	TIZEN O	F WHAT	COUNTRY
New York				U.	S.A.	
14. MOTHER'S MAIDEN N						

	b. CITY OR TOWN (If RURAL and give nec	outside corporate limits	s, write	c. LENGTH OF STAY	N 1b	c. CITY OR T	OWN (If o	utside corpoi	ote limits, write R	URAL ond	give near	est town)	4
	Bethesda			8 day	3	Ne	W Yo	rk		1 1			
	d NAME OF HOSPITA	AL (If not in haspital, gi	ve street o	oddress)		d STREET AL		4.//5		1	e	. IS RESID	ENCE
	The Clinic	al Center,	Beth	nesda 14, M	d.	50)1 W.	170 1	at Stree	t		ON A F	
3.	NAME OF DECEASED	First	t	Middle		lost		4. DATE OF	Mon	ith	Doy	Ye	or
	(Type or print)	Josepl	h	Felix		O' Boy]	le	DEATH	Dece	mber	8.	15	58
5	SEX	6. COLOR OR RACE	7 MARR	IEDE NEVER MARRIE	0 🔲 8	DATE OF BIRTH			9. AGE (In years last birthday)		R I YEAR I		24 HRS
	Male	White	WIDOWE	DIVORCED		Septembe	r 28	. 1921	37 yrs.	Months	Doys	Hours	Min.
10c	USUAL OCCUPATION	N (Give kind of work d	one 10b.	KIND OF BUSINESS OF	INDUST	RY 11 BIRTHPLA	CE (Stote	or foreign co	untry)	12 CI	TIZEN OF	WHAT	OUNTRY
	Bell Hop	ing life, even if retired)		Hotel		New	Yor	le			U.S	A	
13.	FATHER'S NAME					14. MOTHER'S					U a D	45.4	
	John O' Bo	yle				Cat	heri	ne Mah	onev				
15.		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17 INI	FORMANT The	Medi	ical R	ecord Add	ress			
3	Yes	WW II		3-12-6298					Bethesd		Mar	vlan	d
_	18. CAUSE OF DEAT	TH [Enter only one cou	se pej lin	e for (o), (b), and (c) }	,			./	_		INTER	VAL BETY	WEEN
	PART I. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (6)	MULL	MILLI CEL	201	BU A	When	thin	110			TAND D	
	/ .	DUE TO	1			CAU (X)			1.	, ,		100	Ser.
	Conditions, if on		DEN	emates h	70	1/0/10	1 1	MALI	W. alab	elalla	1 3-	2 11	1.0
	gave rise to im	mediale (DUE TO	Ti acc	100000	10 . 3	Lecian	<u> </u>	rous	and out	rua	11 30	Sign	25/.
	couse (a), stating the lying cause last.	he under:	do	neocus	way	ad-							
Z		FR SIGNIFICANT COND	UTIONS C	ONTRIBUTING TO DEA	THE DIST AS	IOT BELLTED TO	Tile Tenant	NAL DIERACE	COMPUTATION				
20	1660 :	na notal		MICHEUTING TO DEA	In BUT N	WINTER OF	a la	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFOR	MED?
<u>એ</u> (20a. ACCIDENT WAS	NECONO DE	O CO	encerseu	ini	vua 1	refron	uc p	wee	-0		YES 🌉	NO 🔲
ERT	OR CONTRIBUTING	CAUSE OF DEATH	run. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of,	Milary in P	ort I or Fort	II of item 18.)				
7		· · · · · · · · · · · · · · · · · · ·											
0	20c TIME OF INJURY Hour o. m.	Month, Day, Year	20d IN While	UURY OCCURRED	20e PLAC facto	CE OF INJURY 1H pry, street, office	lome, form, bldg., atc.	, 20f. (City	ar town)	(County)		(Stole)
MEDI	p. m.	19		of work									
	21. I certify the	at 1 attended the	decease	d from Novemi	oer i	30 1958	to De	cember	8. 1958	that I	lost sov	the d	ecented
	alive on Dece	ember 8,	. 195	8 and that	death a	occurred of	1:45:	2'M from	the causes a	nd on t	he date	rinted	Labour
	7	-11	50/	171 /					eet, city or town,		ne dole		E SIGNED
	ACTUAL	Illum 1	MX	last	M	o Th			Center		12-	8-53	
			6	(11)	,,,,				titutes	of H			
	PHYSICIAN'S NAME (Type)	William W.	Pfag	f, 1% D%					Maryl		OLL VI		
	BURIAL CREMATION	I, 226 DATE THEREOF		22c. NAME OF CEME	ERY OR				ON (City, town, o			(Stole)	
u	r-Transit	12/9/58		St. Raymo	ond			Bron					
<u>3</u> .	FUNERAL DIRECTOR'S	SIGNATURE	-	ADDRESS			24a. REC'C	BY REGISTR					
T.	opert A. F	umphrey-	Beth	iesda, Md.			DATREC	1 0 '58		0	٥		
								1 70		7 31	Am		

VS A15 (4) 15M 10/57



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RYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
					•	

		MARYL	AND STA	TE DEPARTM	LENT OF HEA	LTH-BALT	IMORE, 1	8	
		14(122	CERTIFIC	ATE OF DEA	\TH		Reg. Dist. No.	14001
ì.	PLACE OF DEATH	nonto	Toncer	MARYLAND	2. USUAL RESIDENCE o. STATE	E (Where deceased	lived. If institution b. COUNTY	Residence befor	e admission)
	b. CITY OR TOWN (III	autside corparole Minit	s, write c. LE)	14 Clays	CITY OR TOWN	I [If outside corpor	ote limits, write RL	JRAL and give nea	rest town)
	d. NAME OF HOSPIT. OR INSTITUTION	Su bus	ve street address		d STREET ADDRES	55) (- X L JE	mary	94:11	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	J'am	ese L	Middle	1 Conne	4. DATE OF DEATH	Moat	h Do	Yeor 7 19 50
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	1881	P. AGE (In years 7 That birthday)	Months Days	Hours Min.
10	during most of work	ON (Give kind of work of ing life, even if retired) OCC = M1	ning Eng	gineer	STRY 11 BIRTHPLACE!	Stole or foreign co	untry)	12. CITIZEN O	F WHAT COUNTRY
13	FATHER'S NAME	7 1	J'C10	employed	14. MOTHER'S MAID		Sullio	tan	
15		R IN U. S ARMED FOR			Julian	IE	Address Address	2000/1	- san
ICAL CERTIFICATION	PART 1. DEA 4443 X Conditions, if or gove rise to it couse (a), stating lying couse fost. PART 11. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR	mmediate the under (c) IER SIGNIFICANT CONI S UNDERLYING TO ICAUSE OF DRATH MEDICAL EXAMINER)	Bro DITIONS CHATRI 20b. DESCRIBE I	BUTING TO DEATH BUT OCCURRED 20e. P	T NOT RELATED TO THE TED (Enter nature of injure LACE OF INJURY (Home, extory, street, office bldg	TERMINAL DISEASE TYJN Part I or Port	II of item 18.)	8 8 65 e /	091
MEDI		19	at work o	t work		12 10		<u>≥</u>	
	alive an	at I attended the	deceased from		n accurred at 8 7				te stated abov

ACTUAL SIGNATURE

Burnen M.D. Bethesde Hd.

PHYSICIAN'S NAME (Typo)

22b. DATE THEREOF 12/11/58

22c. NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN CEMETERY 22d LOCATION (City, town, or county) MONTGOMERY COUNTY, MD

(Slote)

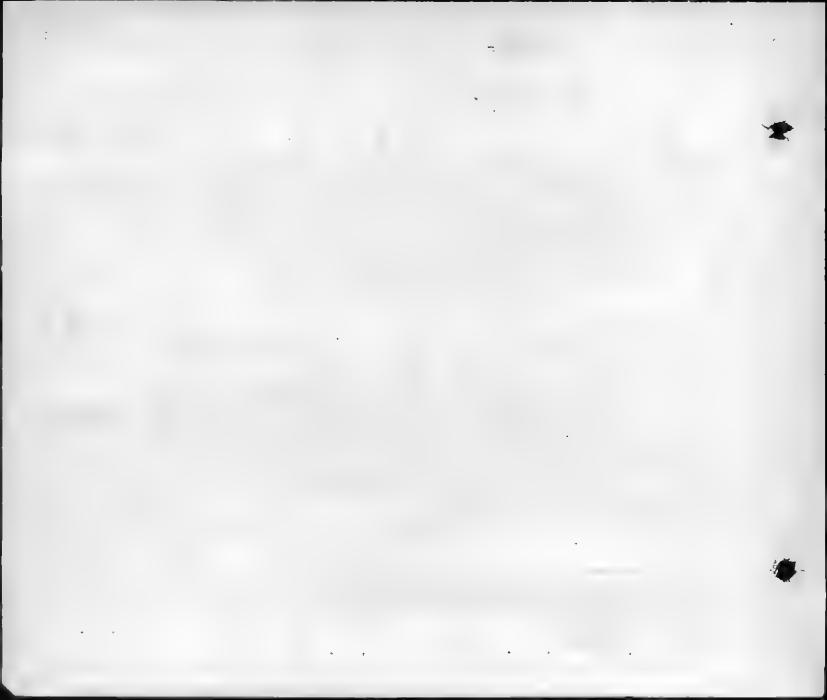
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

ADDRESS SILVER SPRING, MD.

240. REC'D BY REGISTRAR DATEC

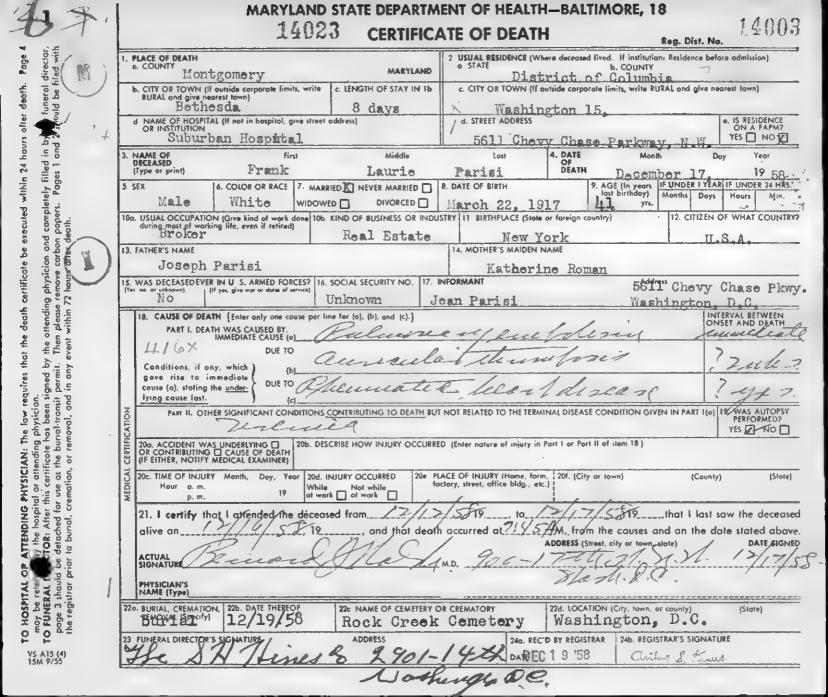
24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/S5



death.





in

13

VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
14024	CERTIFICATE	OF	DEATH	

14004

Reg. Dist. No.

											
	1. PLACE OF DEATH COUNTY Montgomery			MARYLAND	CE (Where decease	Where deceased lived If institution: Residence before admission) b. COUNTY					
			outside corporate limits, write	c. LENGTH OF STAY IN 16		f outside corporate limits, write RURAL and give nearest town]					
			rspurg	2 mo. 8 days	d STREET ADDI						
)	Asbury Methodist Home for							e IS R ON			
	3. 1		First	Widdle	Lost	4. DATE	Month			NO 🌇	
	. (NAME OF DECEASED (Type or prim)	BERTA MI	ARCARET 1	PARKER	. OF	DEC	. 9	1	1958	
	5. \$	Female	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH July 16,	1880		Months Doys	Hours Hours	Min	
	100.	. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign o	ountry)	12. CITIZEN	OF WHAT	COUNTRY?	
		erk in gro	ocery store			Ashby, We	st Va.	U	. S.	A.	
	13.	FATHER'S NAME	of Devil		14. MOTHER'S MA	_					
٩.	15		M. Parker	SOCIAL SECURITY NO 17.	Marg	aret Rees					
- H			If yes, give wor or dates of service)	217-10-6988		thodist Home, Gaithersburg, Md.					
			TH [Enter only one couse per iii		asomy He	OHOULS C 1	ome, dari		ERVAL BE		
				ReberLVA	scular	2 Accid	lent		SET AND		
1150.0 DUE TO										_	
!		Conditions, if on	y. which (b) CO	NEESLIVE	HEARL	FAILU	RE	/,	28-	58	
		couse (o), stoting t lying couse lost.		Teriel sci	Leposis	-					
0	ICAT									NO 🗌	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Homotory, street, office bloom	ne, form, 20f (City ig., etc.)	or town)	(County)	(Stote)	
		21. I certify the	at I attended the deceas	ed fram 10 - 28	1958,1	0/2-7	1956	that I last s	aw the	deceased	
		alive on/_	? - 6	5.6, and that death	occurred at	45/2M, froi	n the causes ar	id an the do	ate state	d abave.	
		ACTUAL /	18 41		10.00		freet, city or town, s	,		TE SIGNED	
1		ACTUAL SIGNATURE AC	man C Sul	2nc-	M.D. 10128	SINETO	LAINE		/2-	9-08	
1		PHYSICIAN'S NAME (Type)	rain 1 sv	or	/ () / ()	3110010	io, ma	er en en gelverjek en de verder.			
	22o	BURIAL CREMATION		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town, or	county)	(Stote)		
		Buy 31 10-12-58		Hillcrest		Cur		752			
	23. 1	FUNERAL DIRECTOR'S Linest (SIGNATURE D. Gartner.	ADDRESS Gaithersbur	m 17 3	a. REC'D BY REGIS		RAR'S SIGNATU	DRE		
				TO CONTRACT TO COLUMN TO C	DA DA	GEC 1 0 '58	Cit	04			



FOR STATE HEALTH DEPT.

100

THERENTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the ficate, writing the ward "pending" in pendi is Item, 18. Give Pages 1, 2, and 3 to the funeral disector. Page 4 should be "warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book of Health, at its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14905

上型ijU+ Reg. Dist. No.

		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
		Montgomery MARYLAND	o. STATE med b. COUNTY minte							
1	b	or CITY OR TOWN 1 outside corpore a limity wister studies . LENGTH OF STAY IN 16	c. CITY OR TOWN (If autide corporate ligits, write RURAL and give georest town)							
		Silver Spring 7 ym	Selva spini							
	C	I. NAME OF HOSP TAL OR INSTITUTION UP not in hospital, g ve streey address)	d STREET ADDRESS e. IS RESIDENCE							
1		10412 Meoren aux	10412 Georgia Civiz VES DINO S							
	3, 1	NAME OF First Middle								
		Time or mint	OF A							
	5. 5	The second	Wey 3 "3Y							
\		The state of the s	lost birthdoy) Months Doys Hours Min							
1	10-	Should with WIDOWED DIVORCED]	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
1	100	ASUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR INDUSTI Uring grost of working life, even if retired)								
-	6	housewife Own home	N. L. 71.8 Cc							
	13.	FATHER'S NAME	14 MOTHER'S MAJOEN NAME							
		John Symstine	many Hogan							
		AVAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address							
			cal Johnson - Sten 2							
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BESWEEN							
		PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) C CONCRY	ONSET AND DEATH							
		420.1 DUE TO	munica							
		Condition to a state								
		gave rise to immediate couse								
		(a), stating the underlying DUE TO								
	z	(4)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY							
	CERTIFICATION	PARTY OF STATE OF STATE OF THE	PERFORMED?							
,	Š	20. EVICENIA CALLEC WAS 20% DESCRIBE MANUAL MINING ACCURAGE OF	YES NO 🔀							
	ERTI	E 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Port 11 of Item 18] THE CAUSE OF DEATH.								
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLAC While Not while facto	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)							
	ME	p. m. 19 at work of work								
		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection K, Inquiry X, and in my								
		opinion deoth resulted from: Notural couses M. Accident . Suicide . Homicide . Undetermined monner								
		1.								
		SIGNATURE Trank 1. 13 rose tract	M.D. CHIEF MEDICAL EXAMINER							
			ACCICIANT MEMORA EVANINOS TA							
		NAME (Type) HANK J. Brosch 2-1	L DEPUTY MEDICAL EXAMINER (TV							
	220	BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR								
		REMOVAL (Specify) 10/6/50 PEDAD HTLL CRME	The state of the s							
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	V	VARNER E. PUMPHREY, INC. SILVER SPRING	MD.							
		Kallmonet U. Bester.	DAVERD 8 158 Carting 8 thank							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

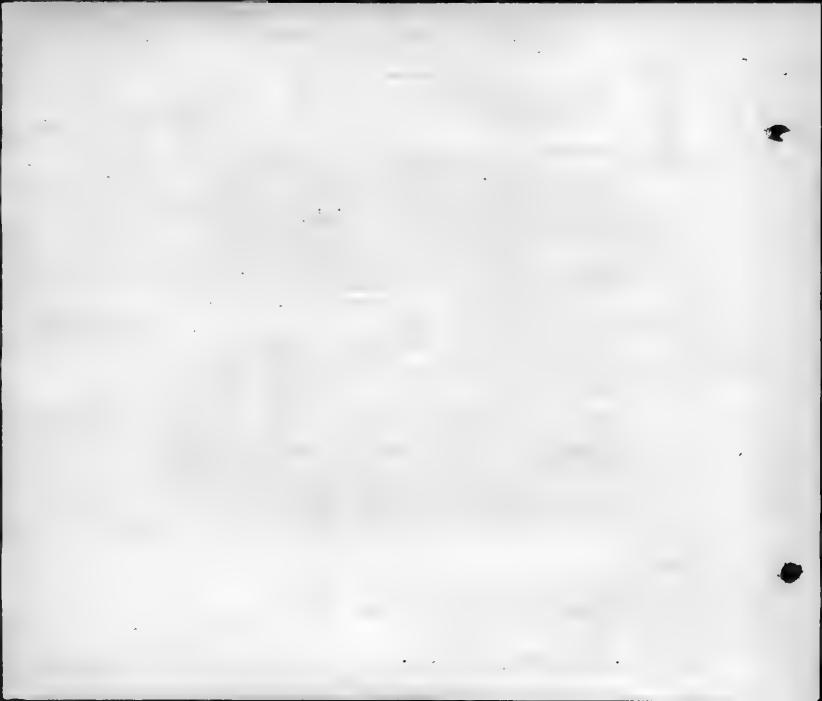
14026 CERTIFICATE OF DEATH

10	ZZZW V OZKINION					Reg. D					st. No.		
	1. PLACE OF DEATH COUNTY Montgomery			MARY	maryland significant d			ere deceosed	ed lived If institution: Residence before admission) b. COUNTMONTGOMERY				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Moorland Hills			e. LENGTH OF STAY	XWest Moorlar				carporate limits, write RURAL and give nearest lown)				
Ą	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5221 Farrington Road				d. STREET ADDRESS e. IS R ON					RESIDENCE N A FARM? NO-E			
	C	NAME OF DECEASED Type or print)	INES Fir	C	. POPKII	NS	Los		4. DATE OF DEATH	Dec	nth	Day	1958
	5. S	Female 6	COLOR OR RACE White	7. MARR WIDOWE	IED NEVER MARRIE	_	8. DATE OF BIRTI			9, AGE (In years lost birthday) 89 yrs		YEAR IF U	NDER 24 HRS ers Min.
		during most of working	(Give kind of work of life, even if retired)	ione 10b.	NIND OF BUSINESS OF OWN Home	RINDU		ACE (Stole o	-	ountry)	12 CITIZ	EN OF WE	TAT COUNTRY?
)	13. FATHER'S NAME John Wesley Hoges				14 MOTHER'S Cath			Dougla	s				
	{Y#5,	WAS DECEASED EVER IN		CES? 16	SOCIAL SECURITY NO		NFORMANT Florence	e E.	Park	.s-Item	fress # 2		
	ATION	Conditions, if ony, gave rise to imm couse (a), stoting the lying cause last	under- DUE TO	94.	yperleu eneral ontributing to dea	THEOT	e hear	lere THE TERMIN	les bac nal Diseasi	CONDITION GI	YEN IN PART	ye ye	AS AUTOPSY RFORMED?
	ū	200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	INDERLYING CAUSE OF DEATH CAUSE OF DEATH DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CURRE	D. (Enter nature a	Finjury in P	ori I ar Pari	11 of item 18 }		1123	EJ NO EX
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m 19 of work								enty)	(State)				
21. I certify that I attended the deceased from NOV, 1950, to musical alive on NoV, 1958, and that death accurred at ADDRESS (Street, ADDRESS (Street, SIGNATURE) ACTUAL SIGNATURE CPRyleud M.D. 4400-49								the causes	and an the		he deceased ated above, DATE SIGNED 2 -4-55		
	_	PHYSICIAN'S NAME (Type)	C.P.	KY	LAND)		Vas	hell	yton/	6 VC	0	
]	BULLAL BULLAL	12/8/58		Glenwoo		R CREMATORY		Wash Y	ngton,	D.C.		Stote)
		funeral director's si obert A. I		-Bet	hesda.Md			246. REC'D	BY REGIST		ISTRAR'S SIGN	IATURE	

may be retaining by the haspital or attending physician.

TO FUNERAL III = TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours, efter death.

INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL O



PLACE OF DEATH · COUNTY

NAME OF

S. SEX

(Type or print)

Female

100. USUAL OCCUPATION

b. CITY OR TOWN (If a RURAL and give near

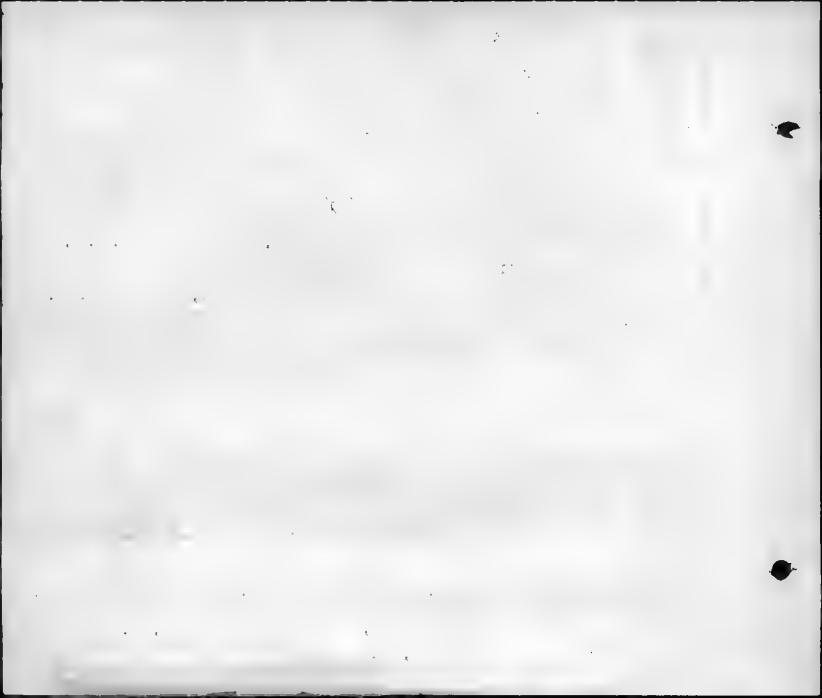
Sandy d. NAME OF HOSPITAL OR INSTITUTION

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
14027	CERTIFIC	CATE OF DEATH Reg. Dist. No. 14007						
lontgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b COUNTY Montgomery						
outside corporate limits, write c. LENGTH OF STAY IN 1b set fown; Spring, life								
. (If not in hospital, give stree	r oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)						
Lucy	Middle	Powell 4. DATE Month Dec. 3 1958						
color or race 7. MAI Colored WIDOV	3/207 1872 Idea brilladay Months Days Hours Min.							
(Give kind of work done 10b g life, even if refired) :10	. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stole or foreign country) Maryland U. S. A.						
illiam Powell Mergaret Unknown								
N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lucy Cook Brooke Rd., Sandy Spring, Md.								
Enter only one couse per WAS CAUSED BY:	line for (o), (b), and (c).} Coronary Th	hrombosis Interval Between onset and death 2 days						
DUE TO	Arterioscle	erosis						
b under- b under- (c)	Hypertensiv	ve Cardiorenal Disease						

Cur wy S. Prince

during most of working Domest 13. FATHER'S NAME 15 WAS DECEASED EVER 18. CAUSE OF DEATH PART I. DEATH Conditions, if ony gove rise to imcotte (o), stoting the lying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while of work Ol work p. m. 19_58 that I last saw the deceased 21. I certify that I attended the deceased fram. Dec. and that death occurred at 11:05MAram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE Sewell, M.D. Silver Spring, PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stole) BUT IS I (Specify) 12/ Sandy Spring, Sandy Spring, Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Rockville, Mi.

9 VS A15 [4] 15M 9/SS



ADDRESS

Bernard Danzansky & Sons-3501 14th St. N. W.

A15ME

220. BURIAL CREMATION, 226. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

PERFORMED? NO [(County) and in my DATE SIGNED 15-1-5 22c NAME OF CEMETERY OR CREMATORY. 72d LOCATION (City, fown, or county) (Stote) King David Memorial Garden Falls Church 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Orting & Trans

e. IS RESIDENCE ON A FARM?

YES NO 5

Year

Hours Min

PATERIAL BETWEEN

Sudden

10:45A, M2

Nos o mall



director.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

the haspital ar attending physician.

28: After this certificate has been signed by the attending physician and campletely filled in by the standard of the please remave carbon papers. Pages 1 and 2 standard the principle of the please remave carbon papers.

	14029	CERTIFIC	ATE OF DEAT	н	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY		MARYLAND	a. STATE	here deceased lived. If inst b. COU	INTY	e admission)
RURAL and give nea	outside corporate limits, write rest town) Olney (ff hot in hospital, give street	2 wks	c. CITY OR TOWN (III	outside corporate limits, wr	ION to OMOTY ite RURAL and give nea	rest lown)
OR INSTITUTION	Con. Hospital, give sire	et address)	d. STREET ADDRESS	owi Shiring		ON A FAFM? YES NO
3. NAME OF DECEASED (Type or print)	Lottie	Estelle.	Redmon d	4. DATE OF DEATH	Month Doy	Yeor
Female	White WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jan. 28-1996		ears IF ONDER 1 YEAR oy) Months Days yrs	Hours Min.
Buring most of working	N (Give kind of work done 10 g life, even if retired) WIFE	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole Maryland		12. CITIZEN OF	F WHAT COUNTR
13. FATHER'S NAME	orge M. Howard		14. MOTHER'S MAIDEN			
15. WAS DECEASED EVER (Yes, no. or unknown) (IF	IN U. S. ARMED FORCES? 1 yes, give wor or dates of service) NO	6. SOCIAL SECURITY NO 17.	INFORMANT	mond. Clarksb	Address urg.Md	
Conditions, if any gave rise to imcause (a), stating the lying cause lost.	DUE TO y, which (b) A:	erebral Vasc		•	rrent	6 wks
CATR	_	CONTRIBUTING TO DEATH BU				PERFORMED? YES NO 3
		SCRIBE HOW INJURY OCCURR				
20c. TIME OF INJURY Hour a. m. p. m.	Whi		LACE OF INJURY (Home, form policy, street, office bldg , etc		(County)	(5°ate
The same of the sa	t I attended the decede co. 12 19	osed from		ec. 13 , 193 O.M., from the cause ADDRESS (Street, city or to n Street	es and an the dat	w the deceas e stated obov DATE SIGN
		dors, MD	Dame	ascas, Md.		
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	12/16/58	Neelsville	OR CREMATORY	22d. LOCATION (City, 10)		(Stote)
23. FUNERAL DIRECTOR'S. HILLON'S F	uneral Home F	arnesville, Md	24a. REC	D BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE	

may be retaine. If the haspital or attending physician.

TO FUNERAL DIK OR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pape the registrar prior to burial, cremation, ar remayal, and in any event without after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

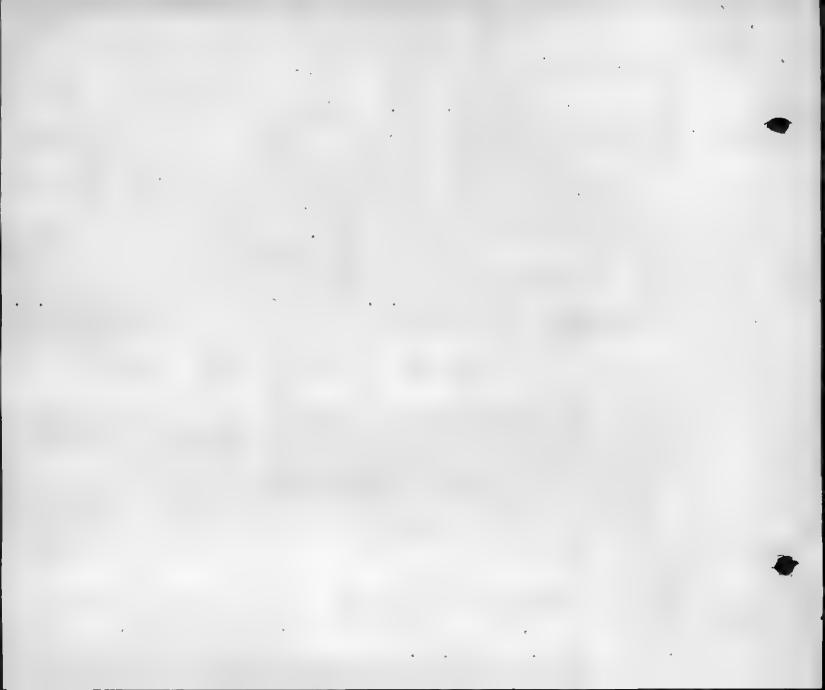


90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14030 CERTIFICATE OF DEATH

	Keg. Dist. No.
I. PLACE OF DEATH MONTGOMORY o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where doceased lived if institution Residence before admission) b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Silver Spring c. LENGTH OF STAY IN 1b 1 yr.2 mons.	c. CITY OR TOWN (If outside carparate limits, write RURAL and give rearest town) Riva
d. NAME OF HOSPITAL [If not in hospital, give street address) OR INSTITUTION 14511 Colesville Road (Marilea Rest Hom	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) THOMAS First Middle ELANS ING	RESTER 4. DATE Month Day Year OF DEATH 1952
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH July 21st, 1880 9 AGE (In years FUNDER YEAR FUNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FarmerSelf-Employed Farm	ISTRY 11 BIRTHPLACE (State or foreign country) Miss. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Rester	14. MOTHER'S MAIDEN NAME Annie Bilbo
(Yes, no. or unknown) [If yes, give war or dates of service)	s. Lona Mae Cotton, Rimm, Anne Arundel Co.Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), staining the <u>under-lying couse lost.</u> (c)	Chacelor a cail to the control on the cair of the cair
CCAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Port II af item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the following p.m. 19 While of work of lawork	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) ctary, street, affice bidg., etc.)
21. I certify that I attended the deceased frame and that death actual signature PHYSICIANS NAME (Type)	ADDRESS (Sireet, city or town, state) M.D. ADDRESS (Sireet, city or town, state) ADDRESS (Sireet, city or town, state)
	e Church Cem. Poplarville, Misse
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Chambers Company, Riverdale, Md.	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 5 '58 71 - 8 Frank



TO FUNERA

VS A15 (4) 15M 9/55

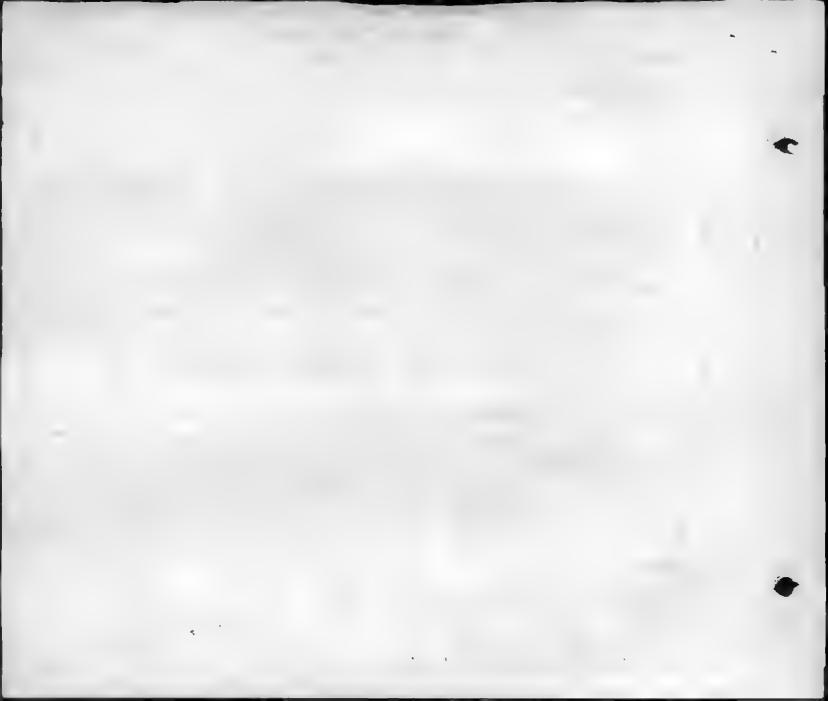
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11		
1		
g		

10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14031

CERTIFICATE OF DEATH

							K	eg. Dist. N	0.
\	1, PLACE OF DEATH			2. USUAL RESI	DENCE (Wh	ere deceased live		Residence bef	fore admission)
3		lontgomery	MARYLAND	1 2/	arvla	nd	P. COUNTA	iontgo	mery
4	b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	outside corporate li	mits, write RURA	AL and give n	earest town)
	Chevy C	hase		× c	hevy	Chase			
	OR INSTITUTION	TAL (If not in hospital, give stre		d. STREET	_				e. IS RESIDENCE ON A FARM?
	#9 Wes	t Irving St	reet	#	9 Wes	t Irvi	ng Stre	et	YES NO X
	3. NAME OF DECEASED (Type or print)	FANNY	OTIS Middle	RICHA		4. DATE OF DEATH	Decen		19 58
	5. \$EX		ARRIED NEVER MARRIED	8 DATE OF BIRT		9, AC			R IF UNDER 24 HRS.
J	Female		WED DIVORCED	March	<u></u>		711.	3 ^{nths} 18 ^s	Hours Min.
	100. USUAL OCCUPATION during most of work	ON (Give kind of work done 10 king life, even if retired)	6. KIND OF BUSINESS OR INDU)		OF WHAT COUNTR
	Housewif	.e	Own Home		Lifor			US	
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN N	IAME			
		James Otis			live	Little	Rogers	3	
		R IN U. S. ARMED FORCES? [If yes, give wor or dotes of service]	16. SOCIAL SECURITY NO 17.	INFORMANT			Address		
	No			Bartlet	t Ric	hards-	son-sar	ne as	2d
1		ATH [Enter only one cause per	line for (a), (b), and (c)	X P	71-			OF IV.	TERVAL BETWEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	vidiae (Merce	14	ma			
1	420.0	DUE TO	- ta-	. AV-	- 7	/ LS	2		
	Conditions, if a		uns och	une	حادم	ear	Mis	ト	
ı	couse (a), stating								
i	Z Page II OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	T NICHT PELATED TO	THE TERM	NIAL DISEASE CON	IDITION COVEN	INI DART 1(-1	19 WAS AUTOPSY
	CATIC						<u></u>	IN PART I(0)	PERFORMED?
	~	AS LINDERLYING THE 20b. DE CAUSE OF DEATH MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURRE	ED. (Enler noture o	of injury in f	Part I or Part II of	item 18.)		
	Y 20c. TIME OF INJUING Hour o. m.		t.	LACE OF INJURY			wn)	(County	(State)
ı	p. m.	19 Whi	ile Nat while	,,	o o o o o o o o o o o o o o o o o o o	1			
-	21. I certify th	nat I attended the dece	ased from 8/2'	7 1951	9 1g	12/12	19.5 d.H	hat I last :	saw the decease
-	alive on	V/21 19	50, and that death	n accurred at	1/25	M, fram the			ate stated abov
-	1	10001	•	, ,			ity or town, stat		DATE SIGNE
J	SIGNATURE	They Star	well	M.D. Ma	plui	uglan	Clu	up	
1	PHYSICIAN'S NAME (Type)	VM. L. H	fone 11			Wash	154	5C.	
	220 BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY		22d LOCATION	City, town, or ci	ounty)	(Stote)
	Cremation	h 12/15/58	Cedar Hill			Suitla	nd, Ma	ryland	l
	23. FUNERAL DIRECTOR		ADORESS N/I of		240. REC'I	D BY REGISTRAR	24b REGISTRA	AR'S SIGNATI	JRE
	Robert A.	Pumphrey-Be	etnesda, Ma.		DATE DE	(1 0 Ja	- 3cm	21, 10%	



L		27000		- CERTIFIC	-	a di parti			Reg. Di	t. No.		
1.	PLACE OF DEATH				2.	USUAL RESIDENCE (W	here decease	d lived. If institutio	n: Rasiden	e befor	e admis	sian)
L		ontgomery		MARYLAND	Щ	Maryland		b. COUNTY	ntgon	ery		
	B. CITY OR TOWN (III RURAL and give no	f outside corporale limi rarest town) OTODECIC	s, write	c LENGTH OF STAY IN 16		c. CITY OR TOWN (IF	-	orote limits, write RU	RAL and g	jive neo	rest towi	n)
	d. NAME OF HOSPIT	AL (If not in haspital, g	va street	oddress)	Ηĵ	d. STREET ADDRESS	o/o Dr	. G. Pof	fenbe	rg		
		d's Rest	Home			<i>₽₽</i> ₽₽₽₽		4 / F/•/ F/•/	19/1/1F	7/1	YES	NO 🔣
3.	NAME OF DECEASED (Type or print)	William		F Æallie	R	ichmond	4. DATE OF DEATH	Decemb		6 .		Year 1958
S.	sex male	6. COLOR OR RACE	7. MARR	TED MEVER MARRIED DIVORCED DIVORCED	8. Q	TE OF BIRTH 3,18	394	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	IF UNDER			
10	during most of work Labore	ON (Give kind of work ing life, even if retired BY	lane 10b	KIND OF BUSINESS OR IND	USTRY	Mebane			12. CIT	ZEN O	F WHAT	COUNTRY
13	FATHER'S NAME	7 1 20 1	*		1	. MOTHER'S MAIDEN					•	
		Zack Richmo	nd					illiamson				
15		R IN U. S. ARMED FOR (If yes, give wor or dofes of s		SOCIAL SECURITY NO. 17.	INFO	rmant deline	Lloyd	1208 Add Durham		- "		
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]						INTE	RVAL BE	TWEEN
Н	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Coronary	Th:	rombosis				2	day	
	400.1	DUE TO		teriosclero	+4.	Condian	anna T	Diggs				
	Canditions, if a	ny, which) (b		th Edema, H								
	gave rise to it couse (a), stating lying cause last.	the under- DUE TO	and	d Anuria.	ייבנ	er vensaor	1,-Va1	. urac na	UTIME			
CERTIFICATION		IER SIGNIFICANT CON	ar	Tuberculos	INO is	Inactive	AINAL DISEAS	E CONDITION GIVE	N IN PART	1(a) 11	PERFC YES	RWEDS
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture of injury in	Port I or Por	rt II of item 18)				
MEDICAL	20c. TIME OF INJUR Hour a, m p. m.	Y Month, Day, You	While	NIURY OCCURRED 20e. I	PLACE foctoty	OF INJURY (Home, for street affice bldg, et	m, 20f. (City	y or town)	(0	ounly)		(State)
	21. I certify th	at 1 attended the	deceas	ed fram. Aug. 3		., 1955., taDe	6	158	that I I	ast sa	w the	deceased
				3, and that dea								
	/	n1 0-1	1	1 01		20-2		itreet, city ar lawn, s				ATE SIGNED
	ACTUAL SIGNATURE	11/2/11/21	74	THEEL .	_M.D		~~~~~~		12	/8/	58	
		Webster		ell, M.D.]	Norbeck F	t.l	Silver	Spi	ing	L. A	/d.
22	BURIAL CREMATIO	12/9/s		LINCOLO	1	EMATORY FK,		TION (City, town, o	M C	-	(Stat	•}
23	PUNERAL DIRECTOR	S SIGNATURE		ADDRESS	1	1	D BY REGIS		. 2.2		E	
	take of Y	Su mod !	114	Kacklil	10	Md need	0 158	-1 1	S Fra	uk		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page & may be retained by the hospital ar attending physician.

O FUNERAL DACCTOR: After this certificate has been signed by the attending physician and campletely filled in by a funeral director, page 3 shauld be detached for use as the buriat-transit permit. Then pleame remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 houm after death. TO HOSPITAL OF may be retai VS A1S (4) 15M 9/5S

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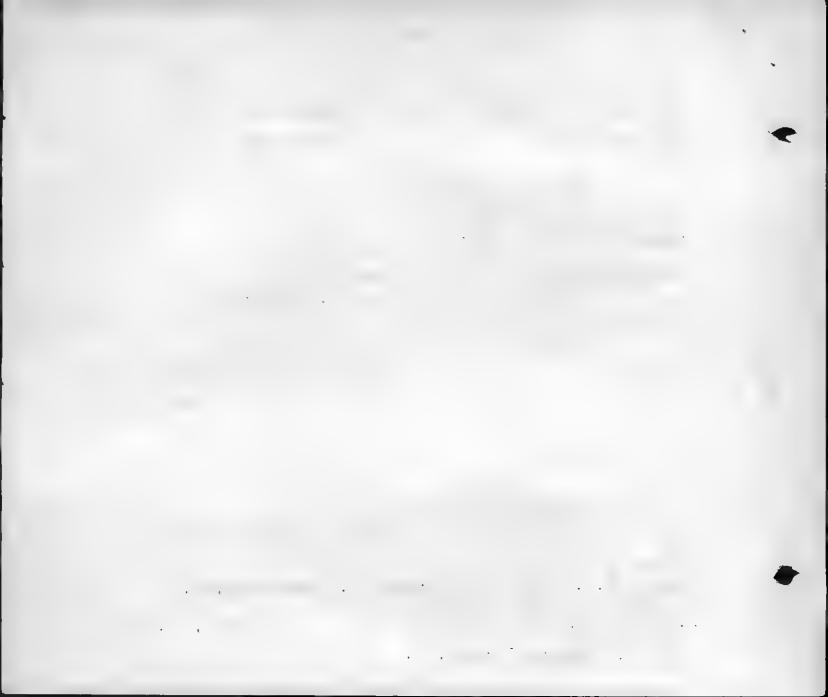
To the same of



Robert A. Pumphrey-Bethesda, Md.

or a. Thousand

VS A15 (4) 15M 9/55



Reg. Dist. No.

9

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be related by the haspital or otherding physicion.

TO FUNERAL RECTOR: After this certificate has been signed by the otherding physicion and campletely filled in byte funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours often death.

13

VS A15 (4) 15M 9/55

1	o. COUNTY MO	ntgomery		MARY	LAND	2 USUAL RESR o. STATE	DENCE (Whe	ere deceased	b. COUNTY	oni Reside	nce bef or	re admissi	on)
	Kenzin	gton		c LENGTH OF STAY	IN 15	c. CITY OR 1	M Fi RANDI	Hida coreo	otalimits. Drite	URAL and	give nea	rest town)	
	Kensing	ton Garde	give street ns N	oddress) ursing Ho	me	d STREET A		d St.	N.W.			ON A	FARM?
3.	NAME OF DECEASED (Type or print)		nı Pe	Middle iffer		ROBB,		4. DATE OF DEATH	Decem	-	25,	195	98
5. :	SEX /-	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		8/28/°	н 78		9. AGE (In years last birthday) 80 yrs.	Months Months	Doys Doys	Hours !	R 24 HRS. Min.
10a	during great of we At Home	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS O	RINDUS	Miam:		_	uniry) lio	12. CI	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME					14 MOTHER'S						-	
_		Peiffer					e Fid	ler					
\$. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or doles of	RCES? 16.	SOCIAL SECURITY NO.	H1	lary W.	. Cos	tello	o, Colo		Bu	ildi	ng.
ATION	PART F. DI 332 × Conditions, if gave rise to couse (o), stating lying couse last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (ONLY, which immediate the under-	Ae	ne for (0), (b), and (c).	14	cereli 1051S	THE TERMIN		SION CONDITION GA	1) 1	ONS	PERFOR	LIC UTOPSY
EDICAL CERTIFIC	20c. TIME OF INJU Hour o. m		ar 20d, 11 While	Not while	20e. PL/	CE OF INJURY (I	f injury in Po	20f. (City		(//////////////////////////////////////	County)	YES []	(Stote)
×	21. I certify alive on	hat I attended the			death	25, 19 accurred at.	30		the causes of eet, city or town,	end an t		e state	deceased d abave TE SIGNED
220	BURIAL, CREMATI	/I /		22c. NAME OF CEME					ION (City, Iown, o	***		(State)	
23	burial FUNERAL DIRECTO	12/29 R'S SIGNATURE	/58	Arlingt		Nationa	24¢ REC'D	M. P	t. Mye		a.	E	
	he S.H.		mpan	y Washin				2 5 4 151		, , , , , , , , , , , , , , , , , , ,	12	4	



Bethesda, Maryland

Pumphrey,

VS A15 (4)

15M 10/57

14016

e IS RESIDENCE ON A FARAI?

YES TO NO TO

10

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

1/2 A-

PERFORMED? YES IN NO 19

(Slate)

DATE SIGNED

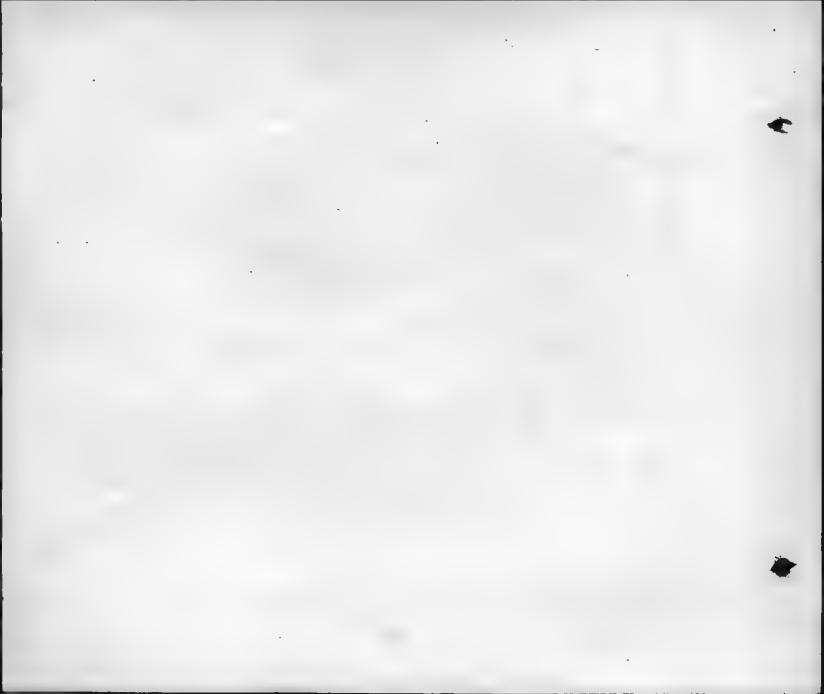
(State)

(County)

C ihm, & France

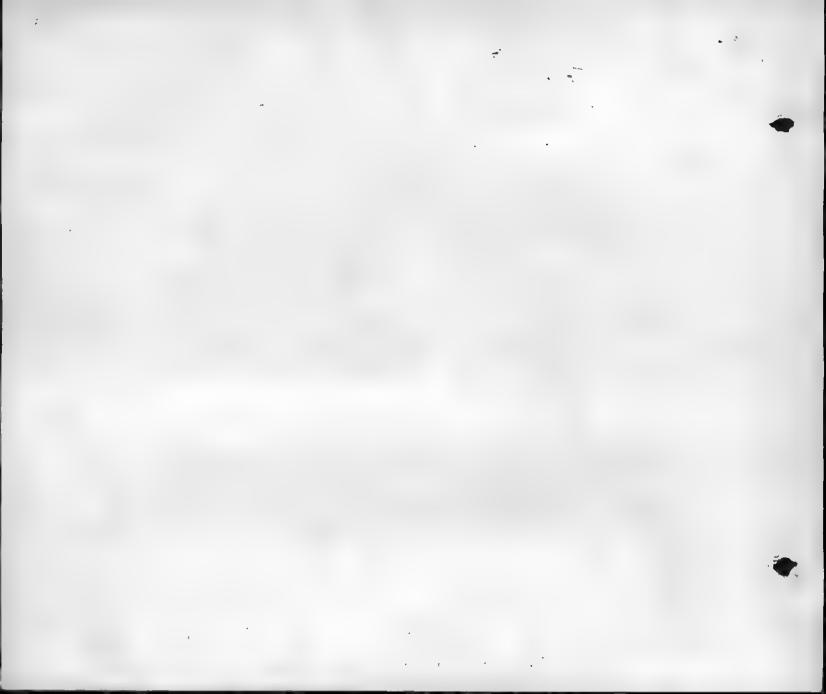
DEC 3 C 58

U. S. A.



death.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14038 CERTIFICATE OF DEATH

Reg. Dist. No.

	47	<u> </u>									Keg. D	IST. NO.		
1. PLACE OF DEATH o. COUNTY	4		MARYI	LAND	2. U	SUAL RESIDENCE			ь.	If instituti		nce befo	re admiss	sion)
	ontgomeny f outside corporate limit	le maile	c. LENGTH OF STAY I	(N. 16				<u>rlvan</u>						
RURAL and give ne	iorest fown)	is, write	C. ECNOTH OF STATE	ן פו ויוו	[c.	CITY OR TOWN	ir ou	iside corpo	rote limil	is, write i	UKAL ond	give ned	orest low	n}
Bethes	da		32 days			West Br		svil	le_	/	w X			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d	. STREET ADDRESS							e. 15 RES	FARM?
The Clinica	al Center.	Beth	esda 14. Md	i.		R. D. #1		VT1					YES C	NO 🗆
3. NAME OF DECEASED	Fire	st	Middle			Lost		4. DATE OF		Mor	nth	Da	у	Yeor
[Type or print]	Anna		Marie		R	ymarchyk		DEATH		Dece	ember	1		19 58
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	рП		E OF BIRTH			9. AGE	(In years pirthdoy)				ER 24 HRS
Female	White	WIDOWI	ED DIVORCE	, o	Nov	ember 13	,]	.917	lost b	rthdoy)	Months	Days	Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work or ting life, even if retired)	ione 10b.	KIND OF BUSINESS OF	R INDUS	STRY 1	1. BIRTHPLACE (SI	ole o	r foreign c	ountry)		12 CI	TIZEN O	F WHAT	COUNTRY
Housewife			None			Pennsy.	lva	mia				U. S	. A.	
13. FATHER'S NAME					14.	MOTHER'S MAIDE								
	Schwallon					Teresa l								
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CESP 16.	SOCIAL SECURITY NO.	17, II	NFORM	The Me	edi	ical I	Reco	rd Add	ress -			
No			None	The	e C	linical (Ger	iter.	Bet	hesda	a 14.	Mar	ylan	d
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).									LINTE	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	Car	diac Arrest	t								ONS	SET AND	DEATH
410×	DUE TO										·			
Conditions, if o			umatic Hear	rt. D)i se	ese with	777	ferdi	ste	nosi	s and			
gove rise to it	mmediate		ufficiency								0 0114	-		
couse (o), stoting	the under-		rative stat		, 01	reaspid	g v	SHOPE	٦ , ٥	030-				
lying couse lost.) {c													
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT R	ELATED TO THE TE	RMIN	IAL DISEAS	E COND	ITION GI	YEN IN PAI	2T 1(o) 1	PERFC	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Ente	er noture of injury	in Po	ort I or Por	t II of ite	m 18.)				
Y 20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PL/	ACE OI	F INJURY (Home, f	orm,	20f. (Cit)	or lown]	((County)	-	(Stole)
Hour o.m.	19	While of wor	Not while	TOC	crory, si	treet, office bldg.,	elc.)							
	حاة النواد وحدد الم				2	20E'O to 1	Ď		1	10 2	0 11 11	Para A		1
alive on Dec	ombos !	_, 19 <u>.</u> 5	ed from <u>Novemb</u>	JET.	سوك	יייים בפגו	ı ⊜.	:empe	¥49	ובלצו	D, That I	IGST SC	w the	decease
dive on 1250	emer_de	, 19_2	B, and that	death	occu	irred of 44.						the dat		
ACTUAL	1 - 1 - On	M.	7000 U	1		m		DORESS (S			storej			ATE SIGNE
ACTUAL SIGNATURE	Incea Co.	IIL	wurd.			The Clin							141	1/20
PHYSICIANUS J	AMES A. MC	FARLA	ND, M. D.			National Bethesda								
220 BURIAL, CREMATIO	N. 225 DATE THEREO	F	22c. NAME OF CEME		R CREA	MATORY	1	22d LOCA	TION (Ci	ty, lown,	or county)		(Stell	
Bu fire out to the	ansit 12-	4-58	St.Mary'	s	Cat	holic C	en	ı. Br	COWD	svi	lle,	Per	nna.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS					BY REGIST			STRAR'S SI		RE	
	PUMPHRE	Y B	ethesda,	Md.	•			8 5			1	9 40		

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 uneral director, old be filed, with may be retained. If the hospital ar altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, cremation, or removal, and in any event within 72 haurs offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57



Rea Diet No.

22000	Reg. Dist. 140.
1. PLACE OF DEATH O. COUNTY MONTGOLERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE C b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
BETHESDA 6 days	WASHINGTON
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
SUBURBAN	3921 Incomer St. N. II YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
	AMPSON DEC. 22 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (to years IF UNDER ? YEAR IF UNDER 24 HRS Months Days Hours Min
Female White WIDOWED DIVORCED	8/22/92 G6 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	
Secretary Drs. Office	San Antonio, Texas U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
A. A. Ware	Margaret 1.Trotman
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17. [Yes, no. or unknown] 4 (If yes, give wor or dates of service)	NFORMANY Address
	ospital Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6)	yeurianis functional Jackey
1043 DUE TO	
Canditions, if any, which) (b)	
gave rise to immediate (Dur 70	
Couse (a), storing the under-	
N/	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
Agur o m. 100 m Molla Malustita of	ctory, street, office bldg., etc.)
p. m. 19 at wark at work	
21. I certify that I attended the deceased fram. /LO	1957, ta flet 22, 1957, that I last saw the deceased
77	4/30
alive an 47/6 and that death	occurred at 1/2 A.M., from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE AND	M.D. 3421 LAGOBIAN SMICO 17:225
3 0/9/	
PHYSICIAN'S STEWART CIODO	Waylving Gir 15D.C.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. tOCATION (City, town, or county) (State)
REMOVAL (Specify) 12/24/58 Arlington Nat	t.Cemetery Arlington, Va.
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
DV DV 5103, Was	and ar
Mery clase timerallome washing to	in DC DATE DEC 2 9 '58 Couldn't & Frank

hould be filed with ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PARCION: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the registrar prior to burial, crematian, or remaval, and in any event within 72 hours offer-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour VS A15 (4) 15M 9/55



e. IS RESIDENCE ON A FARM?

Hours

12 CITIZEN OF WHAT COUNTRY?

YES I NO I

Year

19.5 A

Rea. Dist. No.

Months

Davs

C - 0 - 0 C	
goulin.	INTERVAL BETWEEN ONSET AND DEATH
er à Congretiu	Ten who
0	
ISEASE CONDITION GIVEN IN PART	1(6) 19. WAS AUTOPSY PERFORMED? YES NO P
or Part II of item 18.)	No.
. (City or town) (C	ounty) (Stale)
28/ , 193 0, that I la	ast saw the deceased
from the causes and on the iss (Street, city ar lower state)	e date stated above. DATE SIGNED
ma Park	MD
SULTIMENT !!!	Musselved
mempingue,	1 Cooly at pro
REGISTRAR'S SIG	NATURE /

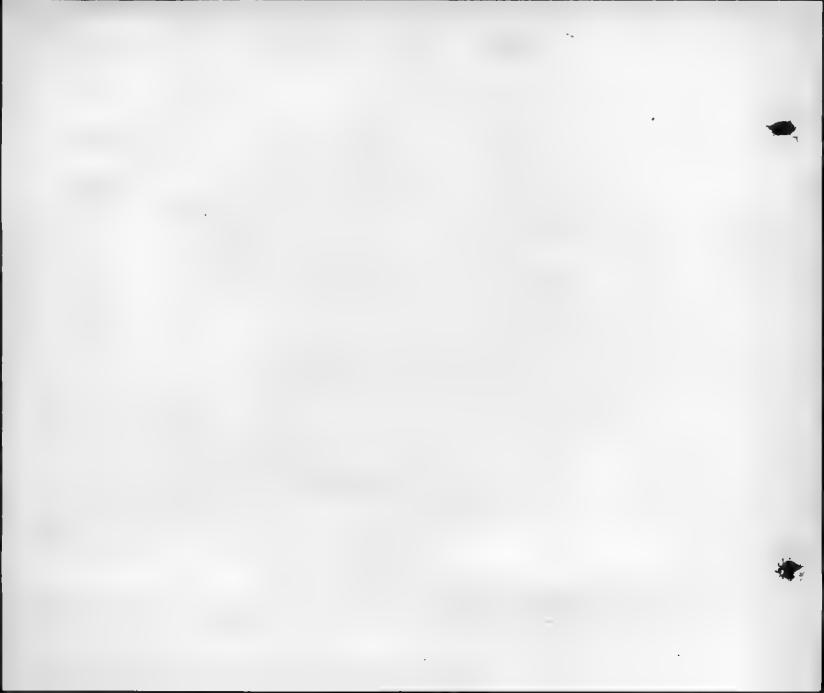
24a. REC'D BY

TO FUNERAL VS A15 (4) 15M 10/57

BURIAL CREMATION.

FUNERACORECTOR'S SIGNATURE

22b. DATE THEREO!

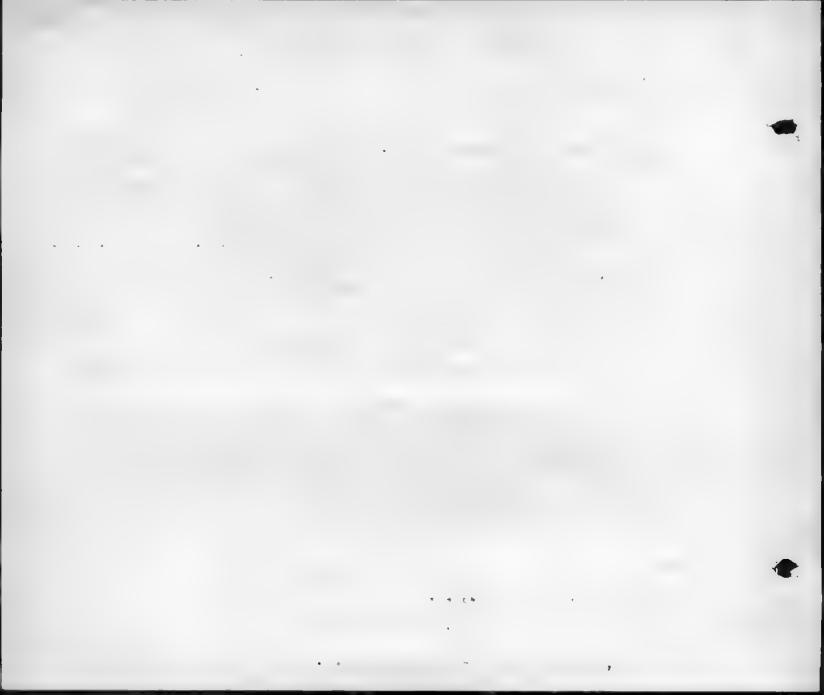


		U CERTIFICA	AIE OF DEATE	1	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Montgon		MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryland	ere deceased lived If institution b. COUNTY Prince	n Residence before admission) De Georges
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write	e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RU	RAL and give nearest town)
Betheso	la	152 days	West Hyat	tsville /	61: , in
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, give str	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Cli	nical Center,	Bethesda 14. Md.	3419 Rutge	ers Street	YES NO TO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	James	Allen	Schuler	DEATH Decem	nber 14, 1958
S. SEX	6 COLOR OR RACE 7. M	ARRIED NEVER MARRIED 🔀	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White woo	OWED DIVORCED	March 12,	1953 5 7	Months Doys Hours Min
0a. USUAL OCCUPAT	ION (Give kind of work done 1 irking life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar foreign country)	12 CITIZEN OF WHAT COUNTRY
Child	and the country	None	Washing	ton, D. C.	U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	····
Willis	K. Schuler		Pearl V	. Mockabee	
5. WAS DECEASED EN	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 H	NFORMANT The Med:	ical Record Addre	15
No	for hear dean or occurs on renancel	None	The Clinical (Center, Bethese	da 14, Maryland
18 CAUSE OF DI	ATH [Enter anly one couse pe				INTERVAL BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary eden	18		ONSET AND DEATH
591X	DUE TO				
Canditions, if	nov which \	Renal failure			months
gave rise to	immediate Curs to				
lying couse lost	The <u>vincer-</u> [Subacute glome	rular nephrit	is	1 year
PART II. O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING (1) G (1) CAUSE OF DEATH Y MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCURRED	D (Enter nature of injury in F	ort I or Port II of item 18.)	
20c. TIME OF INJU	Wh	d. INJURY OCCURRED 20e. PL/ nile Not while fac work at work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify t	hat I attended the dece	eased from July 15	. 1958 to Dec	cember 14 1958	,that I last saw the decease
' -			occurred at 9:46	PM from the courses or	nd on the date stated above
		1 212		ADDRESS (Street, city or town, st	
ACTUAL SIGNATURE	olin C.Na	les h. 111.1)	The Clin	ical Center	12/15/58
		1/		Institutes of	Health
PHYSICIAN'S NAME (Type)	John A. Oates	, Jr., M.D.		14. Maryland	
220. BUR AL. CREMATI REMOVAL ISPECIF Burial		22c NAME OF CEMETERY OF Arlington No	r crematory at 1 Comoto	22d LOCATION (City, lown, or ry Arlington	County Virginia
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. REC'C	BY REGISTRAR 246 REGIST	RAR'S SIGNATURE
The S H	Hines Com	nany-Washingto	on D.C. Marco	7 '50 0 11	0 4

may be retoing the haspital as oftending physician.

TO FUNERAL DIXACTOR: After this certificate has been signed by the attending physician and campletely filled in by the function, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a TO HOSPITAL OR VS A15 (4) 15M 10/57

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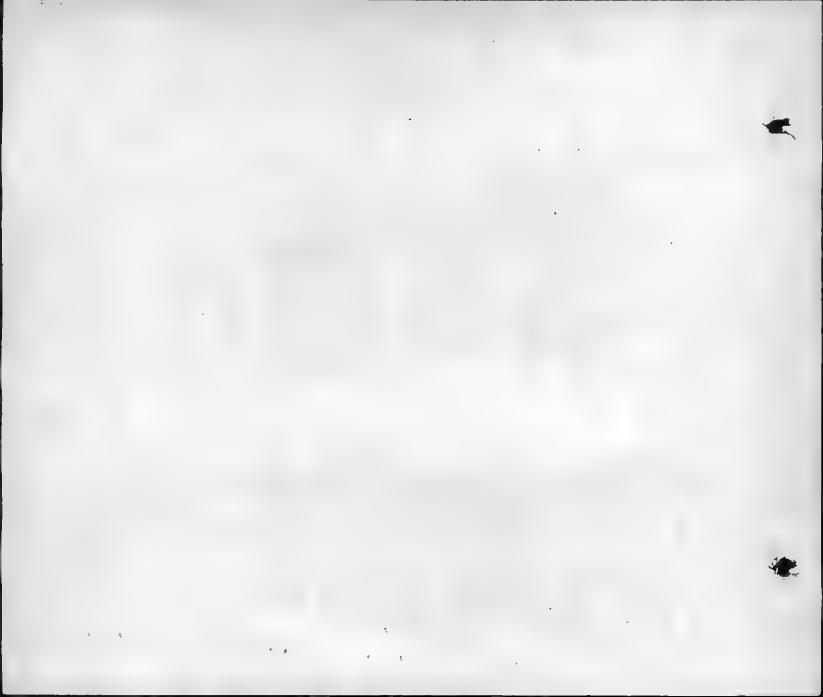
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14041

14023

ally 's	X O X X				Reg, Dist. No.
I PLACE OF DEATH		Marketing in the second of the		Where deceased lived. If Institution	on: Residence before admission)
a. COUNTY	Montgomery	MARYLAND	o. STATE Mar	yland b. COUNTY	Montg.
b CITY OR TOWN (1	suitade carparate hmits, wi to EUEA!	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporate limits, write RI	
Silver	Spring	10 yrs.	Silver	Spring	
d. NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e IS RESIDEN .E ON A FARM?
	enna. Ave		8908 Pen	ne Ave.	YES NO
3. NAME OF DECEASED (Type or print)	Hilda Wrigh	t Scott	Eost	OF DEATH 12/27/5	Day Year 58 19
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED 8	DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
female	col. WID	OWED DIVORCED	7/4/1903	1 best birthday) 55 yrs	Aonths Days Hours Min
10a. USUAL OCCUPATION	ON (Give kind of work done in life, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
housewife	, , , , , , , , , , , , , , , , , , , ,		Maryla	nd	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
George	Wright		Irene	Brown	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		IFORMANT	216 Galifiti	n St. NW
, , , , , , , , , , , , , , , , , , , ,	for hard flore men on appear on the call		caldine Jack		7 Day 14114
18. CAUSE OF DEA	TH (Enter only one cause per	r rine fer (a), (b), and (c)]			I WEIVAL BETWEEN
PART I, DEAT	TH WAS CAUSED BY:	Coronary Occlusi	On		ONSET AND DEATH
11201	DUE TO	OUTCHAIN CCCTUST	- VII		sudden
Conditions, if o	and the N				
gave rise to imme	diote couse				
(o), stating the cause lost.					
) (c)	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	ENALDISEASE CONDITION GIVEN	IN PART HAVING WAS AUTOPSY
Z					PERFORMED? YES NO X
PRIMARY OF COL CAUSE OF DEATH.	NTRIBUTING []	SCRIBE HOW INJURY OCCURRED, (E	nter nature of injury in Par	rt I ar Port ti af item 18.)	
3 20c. TIME OF INJU	RY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fors	n, 20f (City or town)	(County) (State)
20c. TIME OF INJU		While Not white facts	rry, street, office bldg., etc	.)	
		the remains described abo	ve held on Autons	y , Inspection X.	Inquiry 3. and 'n my
		ral causes 🚾 . Accident [-	y Second Committee	nined manner
	7	2 11			DATE SIGNED
SIGNATURE	Trank J. 1	modat	_M.D. CHIEF MEDICAL E	XAMINER [
EXAMINER'S			ASSISTANT MEDIC		on len
NAME (Type)	Frank J. Bros	chart	DEPUTY MEDICAL	EXAMINER D 12/	27/58
220. BURIAL, CREMATIC REPREYNATION OF THE	12/31/58	22c NAME OF CEMETERY OR Mt. Zion,	CREMATORY	22d LOCATION (City, fown, or Silver Spi	
23. FUNERAL DIRECTOR	'S SIGNATURE)	ADDRESS 1 1 369			RAR'S SIGNATURE
Robert	L. Survide	Rockville, Mi.	DATE	5 '59 Conthur	1 & three

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de ay a new execute the control of case, writing the ward "pending" in pendin in them, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be towarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fils-pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15ME 5M 2,57





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14043 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	PLACE OF DEATH D. COUNTY		MANUAL TO A STATE OF THE STATE	II O. STATE	DENCE (Where deced	 b colinty 			
		ntgomery	MATTE	3000	Maryland	1	Mont	:gome1	cy
-	 b. CITY OR TOWN (If RURAL and give no 	outside corporate limits, worest town)	rite c. LENGTH OF STAY II	N 1b c. CITY OR	TOWN (If outside cor	porale limits, write R	URAL ond give	e nearest tow	n)
	Glnev			X Da	mascus				
	d. NAME OF HOSPIT	AL (If not in hospital, give :	street address)	d. STREET	DDRESS			e. IS RE	SIDENCE
_		Co. General	l Hospital	10	117 Lewi	s Drive		YES E	A FARM?
1	NAME OF DECEASED	First	Middle	lo	4. DATE	Mon	th	Day	Yeor
	[Type or print]	GEORGE	OLIVER	SHAW		H Decer	nber	7	1958
5. 5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRT	н	9. AGE (In years lost birthdoy)	IF UNDER 1 Y		
1	Male	White w	DOWED DIVORCED	D Nov. 1	7, 1913	45 yrs	Months 20	Hours	Min
10a	. USUAL OCCUPATIO	N (Give kind of work done ing life, even if refired)	10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHP		country)	12 CITIZE	N OF WHA	T COUNTRY
(Carpente	-	Building	Mar	vland		1	S	
	FATHER'S NAME	.	201101116		MAIDEN NAME		1 -	/ 🔾	
	Ollia Ma	eade Shaw		F1	sie Rebec	co Crown	2		
15.	WAS DECEASED EVE		16. SOCIAL SECURITY NO	17, INFORMANT	TE KEDE	Add			
		# yes, give wor or dates of service		l'accession.	T. a Cha-			2 23	
	A CAUSE OF DEA	WW 2	Lunknown	1 Georgia	Lee Shav	-wile-		as 2d	
		TH WAS CAUSED BY-	per line for (o), (b), and (c).]		2 111	-		INTERVAL B	DEATH
	41201	IMMEDIATE CAUSE (0)	nujoc	adax	sugar.	acces	-	310	and
	The state of the s	DUE TO	0.		0	_			00
	Conditions, if or gove rise to in		Corona	my s	clera.	2			
	couse (o), stating t								
	lying couse lost.) (c)							
ō	PART II. OTH	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEAL	H BUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART 1	(0) 19 WAS	AUTOPSY
CAT		-	fatter C	enhor					ORMED?
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING (1) 20b CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter noture o	finjury in Part I or P	ort II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY	Month, Doy, Year 2	20d. INJURY OCCURRED 2	Oe. PLACE OF INJURY	Home, farm, 20f. (C	ity or tawn)	(Cou	enty)	(State)
ũ	Hour g. m.	19 V	Yhile Not while	factory, street, office	bldg., etc.)	,	(200		(5,0.0)
- 1	p. m.			17 10		77 61			
	2.6	at I attended the de	ceased from	/	, to		_,that las		
	alive an	-6	12 de and that d	death accurred at	Link, fr	om the causes a	ind on the	date stat	ed abave
	/	F 1 1		, .	ADDRESS	(Street, city or town,	slole)	D	ATE SIGNE
	ACTUAL	entirely	and that	LEMB-	etail.	616 626	I-1 /	, 12.	- 7. S.
	PHYSICIAN'S						441,		
	NAME (Type) J	ack Schumac	cher	Gai	thersbur	g, Mary	Land		
22a		1, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR CREMATORY	22d. LOC	ATION (City, Iown, o	or County)	(Sto	te)
I	REMOVAL (Specify)	92/10/58	Derwood C	Cemeterv	-	wood. Ma			.,
	FUNERAL DIRECTOR'S		ADDRESS	CHICKLY Y	240 REC'D BY REG		STRAR'S SIGNA		
T	Robert A.	Pumphrev	Bethesda.	Marritani					
	MUDELL A	- Omonited	Deliesda.	Maryland	DYRECT I O 9	Circle	WT S. The	JULIU.	

fler death. Page 4 the funero! director, D MOSPILAL OR ATTENDED.

The bospilal of or oftending physicion.

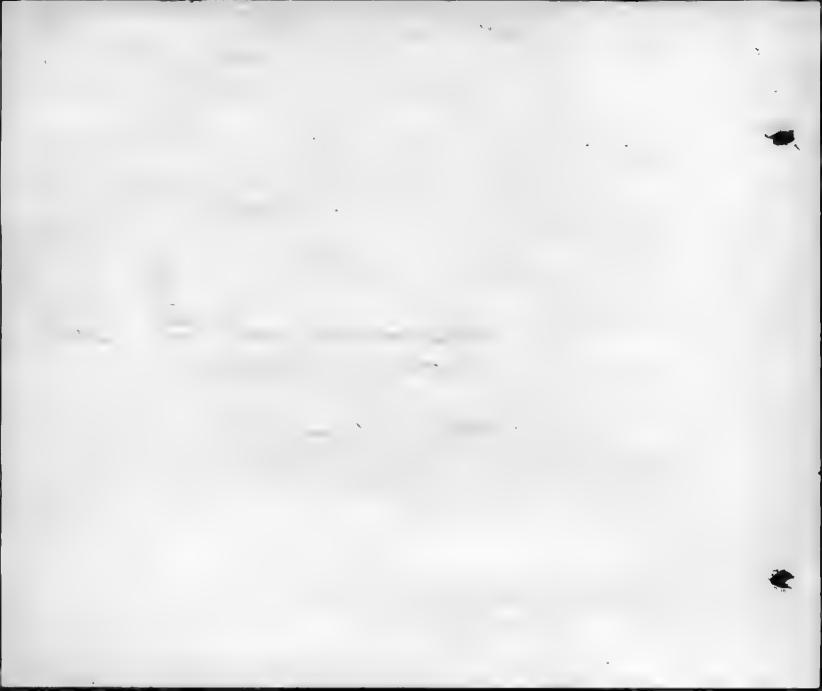
PUNEZAL ARCIOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please-remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 hour after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has No Als (4)

No Als (4)

No Als (4)

No Als (4)

No Als (4) TO HOSPITAL



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-		1

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) e COUNTY District of Columbia COUNTY MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Bethesda 3 days Washington, D.C. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION The Clinical Center, Bethesda 14, Md. 4516 Alton Place, NW YES T NO T NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) Bernard Paul Sheehv 19 58 December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years lost birthday) 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Doys April 4. 1909 DIVORCED [Male White WIDOWED T 100 USUAL OCCUPATION (Give kind of work done 186, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY Stylengemost of working life, even if retired) Room Foreman Laundry District of Columbia U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Sheehv Hannah Walsh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Record Address The Clinical Center, Bethesda 14, Maryland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 17.00 DUE TO CARCINOMA OF YONGUE & M Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES IN NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) (County) (State) Hour o. m. foctory, street, office bldg., etc.) Not white of work of work 21. I certify that I attended the deceased from December 9, 19 58, to December 1219 58 that I last saw the deceased __, and that death occurred at 8:35p.M, from the causes and an the date stated above ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL SIGNATURE The Clinical Center National Institutes of Health PHYSICIAN'S NAME (Typo) THEODORE L. GOODFRIEND Bethesda lu. Maryland 22d BURIAL CREMATION, 22b, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

12-15-1958 GATE OF HEAVEN

Jahalah 1

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story, please sctor. Page your files, rd of Health.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14027

14045 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.			
PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE Matvland b COUNTY Monto			
h CITY OF TOWN IN THE STATE OF STAY IN THE				
Germantown (rural) DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Germantown (rural)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	, d STREET ADDRESS e. IS RESIDENCE			
Seneca Road	Berryville Road VES NOT			
NAME OF DECEASED (Type or print) Alfred Edward Smith	Lost 4. DATE Month Doy Yeor OF DEATH Deo 22, 1958 19			
SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 I WIDOWED DIVORCED	DATE OF 8 RTH 9. AGE (in years IFUNDER 1YEAR IFUNDER 24 HRS Inch Inch			
Do USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				
	Maryland USA			
	14. MOTHER'S MAIDEN NAME			
Charles Smith	Jewel Duffin			
	Dorothy V. Smith Rockville, Md.			
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BLIWEEN			
PART I. DEATH WAS CAUSED BY: Fracture of skull, grushed chest & nelvis and ONSEI AND DIATH				
IMMEDIALE CAUSE [0]				
Auto Academt				
Conditions, if day, which [6]				
gave rise to immediate cause (a), stating the underlying DUE TO				
cause last. (c)				
PART II, OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY				
	PERFORMED? YES NO TO			
20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port to r Port it of item 18) CAUSE OF DEATH. Was driver of car involved in accident				
20c TIME OF INHIRY Month, Day, Year 20d IN HIRY OCCURRED 20c, RIACE OF INHIRY (Norms form 20d ICity or found)				
9 128 a. m 12/22/58 While Not while foctor of work	highway Germantown (rural) montg. Md.			
21. I certify that I took charge of the remains described above	e, held an Autapsy . Inspection to Inquiry . and in my			
opinian death resulted from: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner			
SIGNATURE Frank J-Browkert	M.D. CHIEF MEDICAL EXAMINER []			
	ASSISTANT MEDICAL EXAMINER			
NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER G 12/22/58			
20. BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR C	The state of the s			
Burial 12/26/58 Lincoln Par				
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE			
/ otut I, Suntle Rockville,	Ma. DATOEC 3 & '58 C Jun & Known			

TO DEPUTY MEDICAL EXAMINER: This certifical shows were seemed within 24 hours ofter death. If my delay is not execute the finate, writing the ward "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral 4 should be to worded to the Chief Medical Examinates office along with farm PMS. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baar or its designated agent, prior to burial, cremation, ar removal, and in any event-within 72 hours ofter death. VS. A15ME 5M 2757



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs witer death. Page 4

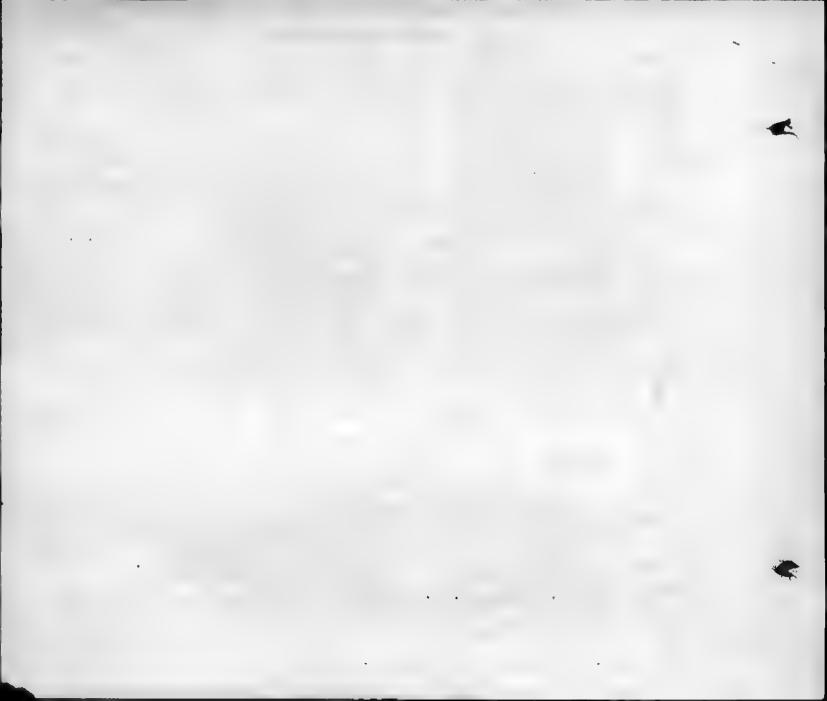
TO HOSPITAL OR

VS A15 (4) 15M 9/55

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cremation, a	
to burial,	
Irar prior	

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	40	46 CERTIF	ICA	TE OF D	EATH			Reg. Di	st. No.		
1. PLACE OF DEATH "Montgomery		MARYLA	ND	2. USUAL RESID	Maryl	and	ived. If institute b. COUNTY				ian)
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Bethesda	, write	3 yrs.	16		own (If ou Bethe		te limits, write R	URAL and	give neor	est fown	}
d. NAME OF HOSPITAL (If not in hospital, girls in the spital) of institution 5211 Locust Ave.	ra street	address)		5211 Locust Avenue						IS RES ON A YES [IDENCE FARM? NO.A.
3. NAME OF DECEASED (Type or print) Carrie T.		.th		Last		4. DATE OF DEATH	Mop 1.2	29-	.58°°		fear
172 - m - 1 A 1 1 7 1 4 A	7 MARS	HED NEVER MARRIED ED M DIVORCED		2-25-1		9.	AGE (In years los) Though	MOTION MOTION	PPY1	F UNDE Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work diduring most of working life, even if retired) Housewife	KIND OF BUSINESS OR	INDUST		rylar		ntry)	12. CI1	U.S		COUNTRY?	
13. FATHER'S NAME Elias Stottlemye				<u> </u>	MAIDEN NA liza						
15. WAS DECEASED EVER IN U. S. ARMED FORCE 1Yes. gover unknown) 19 yes. give war or dates of set NO	ES? 16.	None		rk O.	Smith	n - Sc	on - Šá	ame a	as #	2	
PART I. DEATH (Enter only one could present the course of	se per li	uhnous ry		iong ri	_				ONSE	-2	his.
Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost.	<u></u>	onquestive		heart	F +3	ilune	, acut			2h	ν <u>ζ</u> ,
PART II OTHER SIGNIFICANT CONC CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	100	scis						EN IN PAR	' '	PERFO	RMED?
		CRIBE HOW INJURY OCC	URRED	(Enter nature of	injury in Po	art I ar Part I	l of item 18.)				
20c. TIME OF INJURY Manth, Doy, Year Hour a. m. p. m	While	NJURY OCCURRED 20 Nat while at wark		CE OF INJURY (Horry, street, alfice		20f. (City o	r tawn)	(1	Caunty)		(State)
21. I certify that I attended the alive on 24 ACTUAL SIGNATURE	deceas _, 19	ed fram, OCA		, 19.57 accurred at	4-26	.M., fram .DDRESS (Stre	et, city or town,	ind on t state)	he date	state D/	deceased abave. ATE SIGNED 9 / 58
PHYSICIAN'S	yman	M. D.		Beti	n esde	i, Mai	y land				
220. BURIAL, CREMATION, 226. DATE THEREON REMOVAL (Specify) BURIAL 12/31/	58	22c. NAME OF CEMETE Smithsb				-	on (City, tawn, o		Mar	(Slote	-
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			24o. REC"D	RY REGISTRA		STRAR'S SH			
Robert A. Pimphr	ey,	Bethesda,	M	J	DATEJAN	2 39	U 10	JAN A.	/ inalle		



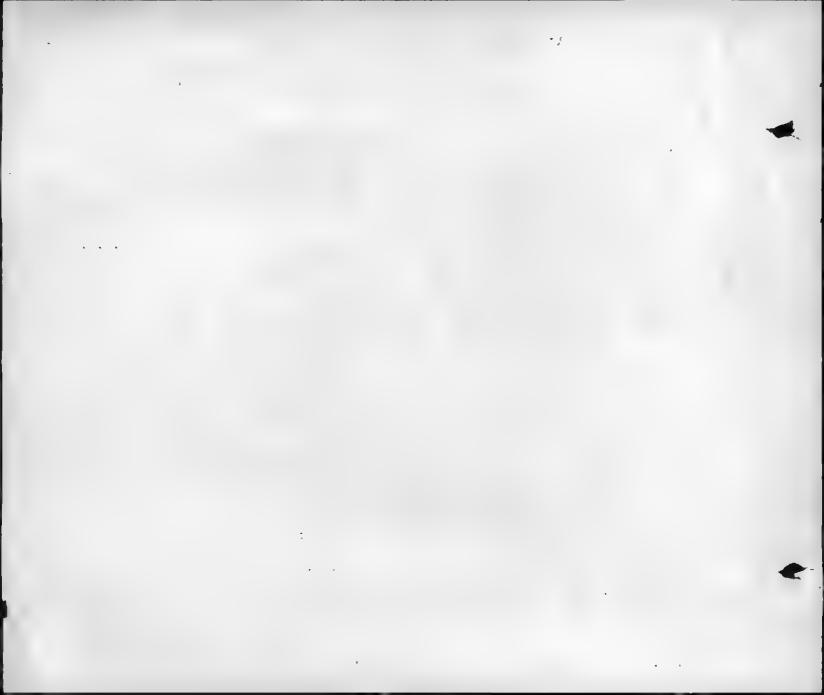
VS A15 [4] \$5M 10/57 5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14047 CERTIFICATE OF DEATH

14()2) Reg. Dist. No. 215

	1. PLACE OF DEATH		2 USUAL DESIDENCE DATE	and the state of the state of	on Residence before admission)				
	Montgomery	MARYLAND	Maryland	b. COUNTY	deorges				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write R	URAL and give nearest town)				
	Bethesda (Rural)	5 days	Laurel						
/	d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?						
,	U. S. Naval Hospital		811 Main St	reet	YES NO 🔀				
	3. NAME OF FURSI DECEASED	Middle	Lost	4. DATE Mon					
	(Type or print) Nancy	Eileen	SMITH	aber 13 19 58					
	5. SEX 6 COLOR OR RACE 7 MARR		8 DATE OF BIRTH	9 AGE (In years lost birthday)	Months Dovs Hours Min				
	Female White WIDOWE		1-27-56	2 yrs	Months Days Hours Min				
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Stole	or foreign country)	12 CITIZEN OF WHAT COUNTRYS				
	None		Marylar	nd	U.S.A.				
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME					
1	Hugh Melvin SMTTH		Mary CLARK	C					
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 ! [Yes, no. or unknown] [II yes, give wor or dates of service]	SOCIAL SECURITY NO 17. II	NFORMANT	Add	ress				
	No	None O	fficial Navy	Records					
	IB. CAUSE OF DEATH [Enter only one cause per lin PART 1 DEATH WAS CAUSED BY:	e for (a), (b), and (c).]	/	1	INTERVAL BETWEEN ONSET AND GEATH				
	IMMEDIATE CAUSE (o)	Miserani	at hima	nhage	24 hrs,				
	204,3 DUE TO	6.000							
	Conditions, if ony, which gave rise to immediate (b)	roule -	REURINA	<i>a</i>	6 mis.				
	cause (o), stating the under-								
	lying couse lost. (c)	ALIVARIA TA A L. T. A.							
)	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?				
K _{U,} p	200 ACCIDENT WAS TINDERLYING TO 206 DESC	TRIBE HOW INJURY OCCURRED) (Fater actus of science of	Pout I as Book II of Item 18 5	YES MO				
	PART II. OTHER SIGNIFICANT CONDITIONS C	WIDE HOM HADRI OCCORREC	J. (Chief notice of injury in i	rail for farr il or liem ib.j					
	3 20c. TIME OF INJURY Month, Day, Year 20d. IN	HURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form	20f (City or lown)	(County) (State)				
	20c. TIME OF INJURY Month, Day, Year 20d. IN White p. m. 19 of work	Not while foo	tory, street, office bldg., etc.	1	(analy)				
	21. I certify that I attended the decease		5 1058 Do	nombow 12 to 5	8				
	alive on December 13 195	8 now recentively	5:30A	Cember 17 18 77	Athat I last saw the deceased and an the date stated above				
	dive dil 200	,., and that death	occurred of Sandar	*M, fram the causes a ADDRESS (Street, city or town,	ind an the date stated above state) DATE SIGNED				
ACTUAL Coward affection M. U. S. Naval Hospital, NNMC 12-13-5									
,			M.D						
	PHYSICIAN'S HOWARD A. PEARS	ON, LT, MC, US	N Bethesda	14, Maryland					
	220 BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, town, o	or county) (State)				
c	REMOVAL Specify 12-17-58	Arlington Nat	ional	Arlington	Virginia				
-	SE FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE				
-	R. A. Pumphrey Funeral Ho	me, Bethesda,	Md. DATE	01758	Char S. France				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY **b.** COUNTY MARYLAND nigomer b. CITY OR TOWN III outs de c CITY OR TOWN (Heaviside corporate I mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b H d STREET ADDRESS DATE Month DECEASED OF (Type or print) DEATH 9 AGE in years IFUNDER TYPER IF UNDER 24 HI 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH lest birthdgy Months WIDOWED DIVORCED [yes. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. GOVT Engineer 13. FATHER'S NAME 14. MOLHER'S MAIDEN NAME aman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (fiyes, give war as dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Canditians, if any, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY CERTIFICATION 200 EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part IS of Item 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f, [City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg , etc) Hour o. m. White Not while at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . farwarded DIRECTOR: opinion death resulted fram: Natural causes [7], Accident [7], Suicide , Hamicide , Undetermined manner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Memorial Garden 9 24a REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE

on/Jamer

Doys

e. 15 RESIDUM E ON A FARM? YES NO NO

Year

Hours

INTERVAL BETWEEN

QINSET AND DEATH

YES 🔲

(County)

DATE

surlaten

PERFORMED? NO Z

(Stole)

and in my

DATE SIGNED

(Stote)

VS. ATSME 5M 2/57



Reg. Dist. No.

Year 195

a. 15 RESIDENCE

YES NO K

ON A FARM?

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

SISC

Day

N.W. Want INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES A NO 🗆

DATE SIGNED

(County)

(State)

Inquiry . and find that

REMOVAL (Specify) 19.1958 Ft. Lincoln Buria. Dec.

(State) Prince George County, Md.

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Md.

24o. REC'D BY REGISTRAR DATE 0 FC 1 9 '58

24b. REGISTRAR'S SIGNATURE Com 7 & TraceA

VS. A15ME(5) 5M 9/55



24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

aring S. Kraus

ADDRESS

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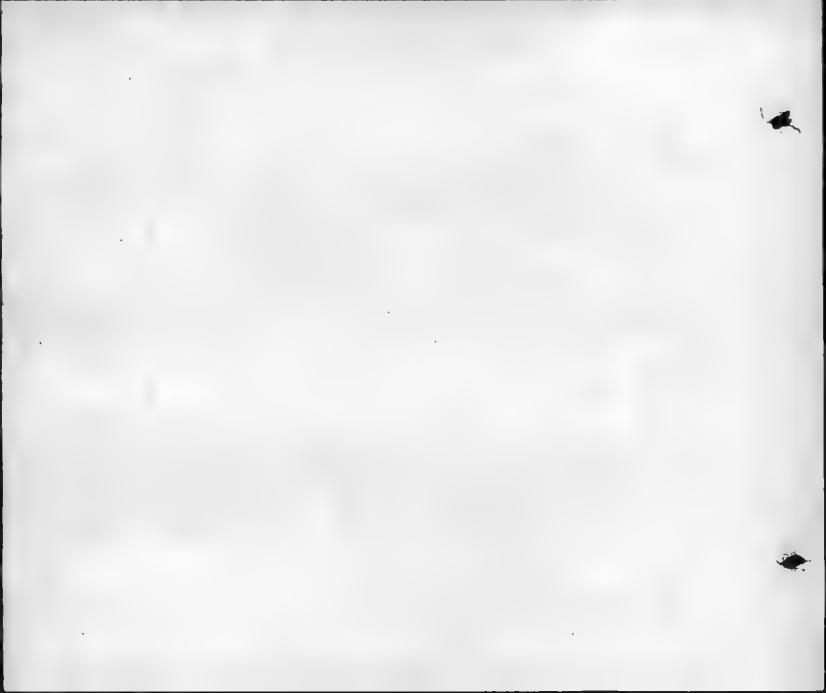
23. FUNERAL DIRECTOR'S SIGNATURE

B. Danzansky & Sons-3501 14th St., N.W.

director, illed with

death.

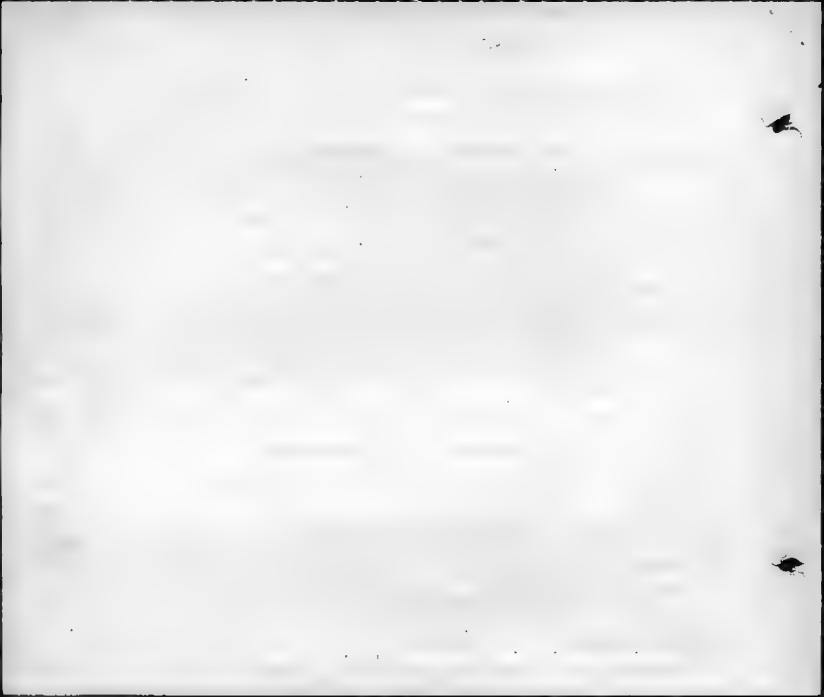
Filed



Reg. Dist. No.

		I		
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4.		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by it funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 strougle, be filled with	1
death.		uneral c	d/be iii	
s after	1	V 17	2 shoul	
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SPITAL	be reto	VERAL	3 shau	aniel rar
TO HO	may be retained by the haspital ar attending physician.	10 FU	pode	the ca
		4		

e die		MONT gowley MARYLAND	o. STATE	oxyland	6 COUNTY MENTY	re les
o o o o		C. LENGTH OF STAY IN 16 RURAL and give negrest fown) 2 WKS	c. CITY OR TO	OWN (If outside corporate li	mits, write RURAL and give ne	arest fown)
42 style	6	S. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION POOKE, Crot & Foundation	d. STREET AT	Calesuille	Rd.	ON A FARM? YES NO 🔀
filled in jes 1 an		NAME OF DECEASED Type or print) # (ar) # (ar) # (govse.	Sterze	4. DATE OF DEATH	10	oy Year 0 1958
pletely i	5.	M WIDOWED DIVORCED	8. DATE DEBIRTH	1888 10	1 birthday) Months Days	Hours Min.
and cam on pape on pape or death.		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OLES Manger Bakery Products	co. Was	5 h., D. C.	12 CITIZEN O	OF WHAT COUNTRY?
physician c mave carb haurs offer	V	FATHER'S NAME THE STEP WAS DECEASED EVER IN U. S'ARMED FORCES? 116. SOCIAL SECURITY NO. 117.	14. MOTHER'S	(1)	ppe/	
ding ph ose reme in 72-ha	(7/0	no, or unknown) (If yes, grad for or dates of service)	Osp. Rec	ends & Wi	fe-	
ine aften		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	list in	jacetim	INT	ST AND DEATH ST AND DEATH
quires nos igned by the permit. The		Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost.	- acces	your aar	to .	4 ym
physiciar as been as been inlitransi	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL		THE TERMINAL DISEASE CON		19. WAS AUTOPSY PERFORMED? YES NO U
tending ifficate h ifficate h if the bur	L CERTIFI	200 ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
fol or all this cert are use on use on internation	MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Hockory, street, office	ome, form, 20f. (City or tow bldg., etc.)	wn) (County)	(Stale)
the hasping. Re hasping. Re hasping. Re hasping. Reched for puriol, a puriol, a		21. I certify that I attended the deceased from Salar alive on 1254, and that deat	h occurred at	フバラックM, from the	that I last so causes and on the do	te stated above.
ar prior to		ACTUAL SIGNATURE PHYSICIAN'S DEMENT' BONT EART	M.D.	ADDRESS (Street, c	ity or town, state)	DATE SIGNED
FONERAL age 3 sho		PHYSICIAN'S DEMENT BONIFANT BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (SEMOVAL SPECIAL TO 1/2/58 FT LINCOLN		22d. LOCATION (I	City, fown, or county) GEORGE COUNTY,	(Stole)
VS A15 (4)	_	Appress SPRIM	G, MD.	24o. REC'D BY REGISTRAR OATEN 2 '59	246. REGISTRAR'S SIGNATU	



VS A15 (4) 15M 9/55

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•	director,	fled with
1	gned by the attending physician and completely filled in by	permit. Then please remove carbon papers. Pages I and 2 should be filed with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13887 **CERTIFICATE OF DEATH** Reg. Dist. No. 14034

	COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where dec o. STATE	teased lived. If instituti b. COUNTY	on: Residence	before admiss	ion)			
	CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write R	URAL ond glv	re nearest fowr	}			
-	Takoma Fark	6 days	Washington 4.							
	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	51 5	-		FARM?			
	Unshington Dunitari	um + Hespital	834 Xenia	3 P. 3.	<u> </u>	YES [NO			
	NAME OF First	Midifie	Lost 4. DA	ATE Mon	ith	Day	Yeor			
	Type or print) //e//	Kathleen			2 -	16	18-2-7			
5. 5	EX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)		YEAR IF UND				
	temale with te widow	ED 🔲 DIVORCED 🔲	9-5-1902	J6 Yrs.	Months D	ays Hours	Min,			
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fore)		12. CITIZ	EN OF WHAT	COUNTRY			
	House wife		Pennsylva	nnia		W S. a				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
1	idan Gorman		Holon Gus	taitis						
	WAS DECEASED EVER IN U S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	ress					
[Yes	, no or unknown) [If yes give wor or dates of service]	44	shand . & Hosy	p. Recor	N 8 .					
	18. CAUSE OF DEATH [Enter only one couse per la		3000			INTERVAL BE	TWEEN			
	PART I, DEATH WAS CAUSED BY:	2 14 4	A Price			ONSET AND	DEATH			
	581.0 IMMEDIATE CAUSE (a) CO	union	y sines			142				
	DUE TO	t. J. Cpl				HUR	ws.			
	Conditions, if ony, which by (b)	MATE (161	/			7 7				
	couse (o), stoling the under-									
7	lying couse lost. (c)									
Õ	PART II. OTHER SIGNIFICANT CONDITIONS	TONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIV	EN IN PART	l(a) 19. WAS PERFO	AUTOPSY RMED?			
2						YES [NO 🗌			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Port I or	r Part II of item 18.)						
100	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL		1 4.	ACE OF INJURY (Home, form, 20f.	(City or town)	(Co	unty)	(Slale)			
MED	Hour o.m. While of wor	Catos activida	,							
	21. I certify that I attended the decease	ed from Jenel	, 1956, 10 Dec/	6 1958	that Lla	ist sow the	decenser			
	alive on DIC16 195	~~ //	occurred of ///OA-M,							
	: 2 2 4 2 1	,	· ·	5\$ (Street, city,or tenn,		/ D/	ATE SIGNED			
	ACTUAL SIGNATURE / 13/0 and	no mil	M.D. 837 Bonelo	uf DI DU	w Spre	174 12	16/53			
	PHYSICIAN'S NAME (Type) 1 1 Bild, A	KUROP	357Bohik	antst. Si	UER?	Prine	- Nd			
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 27	GCATION (City, fown,	or county)	(Stot	e)			
X	Semoval (2-19-5-8	I alina To	m Pati X	& m	4-20	, Va				
23.	FUNERAL DIRECTOR'S SIGNATURE -	ADDRESS			STRAR'S SIGN					
, (/ // · · · · · · · · · · · · · · · ·	13/5/1	DCSE DATEDEC 1 9	'53	La E M	rale4				
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VS A15 (4) 15M 10/57

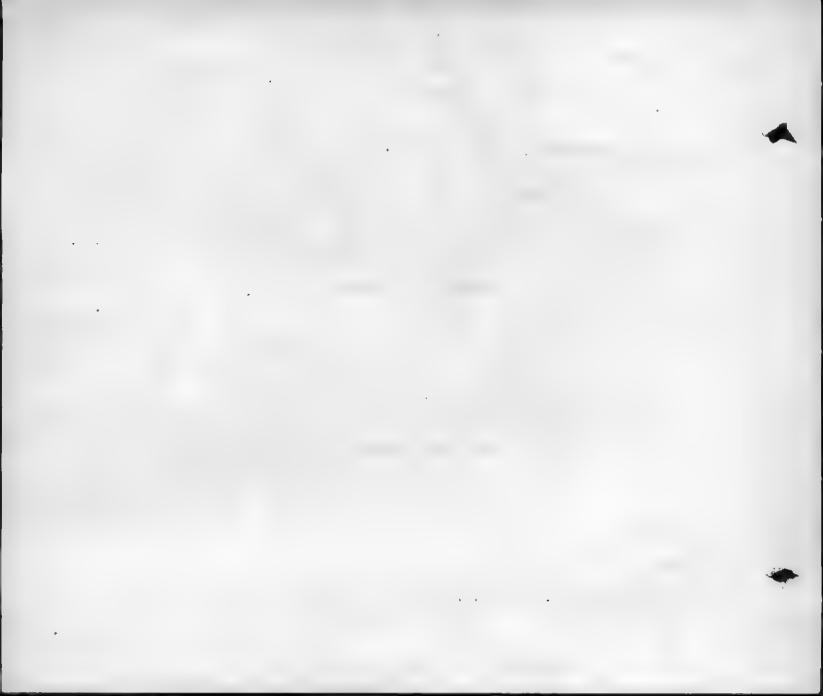
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14035

		14	1050	CERT	IFIC	ATE	OF [DEATH	1			Reg. Dis	it. No.	
1. PLACE OF DEA				MAI	YLAND	2 1					If instituti		ce before	admission)
	ntgom		(a				District of Columbia c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
RURAL and g	give neares	tside carporote limi st town)	its, write	c. LENGTH OF STA	Y IN 16		CITY OR	TOWN (If a	outside carp	porate lin	nits, write R	URAL and g	ive negre	est town)
Bethese				30 days		1	V	Vashir	ngton	, D.	C.	4	71	
d. NAME OF H	HOSPITAL (If not in hospital, g	give street	address)			d. STREET A	ADDRESS					e	IS RESIDENCE
				hesda lh.	lid.			5104 3	12th	Stre	et, N	Đ		YES NO
3. NAME OF DECEASED		Fii	rsh	Midd	le		Los	ul .	4. DATE		Man	th	Day	Year
(Type or print)		Blanche		Beatr	ice		Swar	nn	OF DEAT	н	Decemi	ner	26.	1958
S. SEX	16.		7. MARI	RIED A NEVER MARK		B. DA	TE OF BIRT				E (In years			UNDER 24 HRS
тэ э			WIDOW					5, 190	28	lasi	birthday)			Haurs Min.
Female		Negro	A comment	KIND OF BUSINESS						1 5		1		
anting most a	it working	life, even if retired	}			DSIKY						1		WHAT COUNTR
Domest:		·	Į.	lousekcepi	ng_		Dist	rict o	of Co.	Lumb	ia	U.	. S.	A .
13. FATHER'S NAM	AE					14.	MOTHER'S	MAIDEN N	NAME					
Robert	Ward	l			***	>	Geo	orgia	Mont	gome	ry			
15 WAS DECEASE	DEVER IN	U S ARMED FOR	CES? 16	SOCIAL SECURITY N	0. 17	INFOR				-	ord Add	ress		
[Yes, no. or petnown]	(II ye	n, give war or dates of s		acutainah'									Md.	
no	E DEATH	francisco de la companya della companya della companya de la companya de la companya della compa		certainab		110	المالمال كاف	Jal Of	enter	3 De	thesa	و بالما الما		
		*		ne for (a), (b), and (c	:}-}									VAL BETWEEN T AND DEATH
, (7)	IM	WAS CAUSED BY. MEDIATE CAUSE (o	LLY	uma										mo.
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gave rise cause (a), sta				0- 1		1		/					1	
lying cause		onder-	7	Retersta	-20	9/	Za 6	Lone	cm	2022	2000	-		
Z PART II	I. OTHER S	SIGNIFICANT CON	DITIONS (ONTRIBUTING TO D	EATH BU	T NOT	RELATED TO	THE TERMI	NAL DISEA	SE CON	DITION GIV	EN IN PART	1(0) 19	WAS AUTOPSY
PART II			_											PERFORMED?
	IT MAKE IN	NDERLYING [20h 055	CDIRE HOW INJURY	OCCUBB	CD 15.		4 1 1 1 1 1	De at Lea De		10.1			EPAS HO
OR CONTRIBU	JTING 🔲 (CAUSE OF DEATH	200. DE3	CRIBE HOW INJURY	OCCURR	ED. JERI	ier nature a	ir injury in i	rari i ar ra	arr III ar i	rem 10.)			
		DICAL EXAMINER)												
20c. TIME OF I		Month, Day, Ye	1	NJURY OCCURRED	20e. P	LACE C	F INJURY (Home, farm e bldg., etc.	20f (Ci	ty or tav	rn)	(C	ounty)	(State)
WE	p. m.	19	While of wor	Nat while				a aragri, cic.						
21. I certif	fv that	Lattended the	deceas	ed fram Nove	mber	26	1058	to Do	cemb	er 2	6 10 58	that I I	act can	the desert
alive an_			10 [8, and the	عصمات	h a.a		2-15	0 44 6		17	_,mor i i	UST 3UW	r ine decease
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ACTUAL	V.	V-212	- []				mi.						0 /00	DATE SIGNE
SIGNATURE	40	4-6-00 C	· (A	00		M.D.		e Cli					2/27/	/50
PHYSICIAN'S	DOT	TOM A II	A3777	36.20							tes o	f Heal	Lth	
NAME (Type)	ROE	BERT C. H	OYE,	M.D.		-	Be	thesda	114,	Mar	yland			
220 BURIAL, CREM REMOVAL (5p	MATION,	226 DATE THEREC	F	22c. NAME OF CEA	METERY (OR CRE	MATORY		22d. LOC/	ATION (City, tawn, c	or county)		(State)
Buri		12-31-	58	Lincolr) Me	mou	int		S1.	i + 1	and			Md.
23. FUNERAL DIREC			*	ADDRESS	474			24g, REC'I	D BY REGIS		24b REGIS	TRAR'S SIG	NATURE	
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VS A15 (4)

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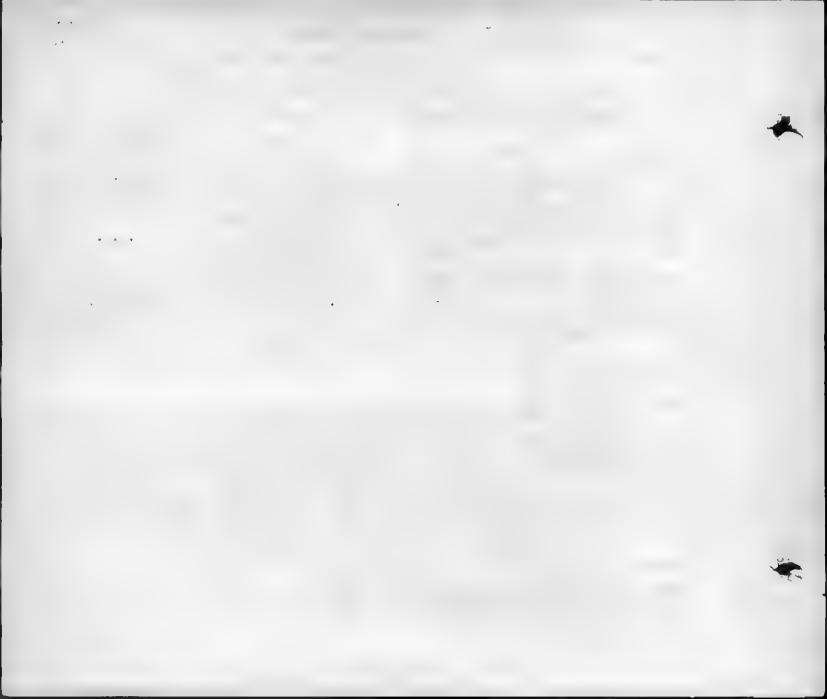
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burial-transit

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14038

Reg. Dist. No.

	PLACE OF DEATH		2 USUAL RESIDENCE (WI			enca before odmi	ssion}
ľ	11 ml (10m ens)	MARYLAND	o. STATE	azed	COUNTY	to me	1. 22.1
	D. CITY OR TOWN (It outside corporate limits, write RURA), and give pearest town)	C LENGTH OF STAY IN 16	e. CITY OR TOWN (IF	outside corporate lin	nits, write RURAL and	give nearest lo	m)
	RUKAL and give nearest town	Holain	/XXXXXXXX	XXXXXXX	XX Chév	y Chase	é
-	I. NAME OF HOSPITAL (If not in hospital, give street a	iddress)	d STREET ADDRESS			e. IS RI	SIDENCE
	Mulitur lan Hospi	tal	4601 DeRiis	sey Pkw	ay -		A FARM?
1	NAME OF First	Middle	Last	4. DATE	/¹ Month	Day	Year
	OECEASED (Type or print)	-	10/100	OF DEATH	(Yes	14	19.58
5. 3		ED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UND	ER TYEAR IF UNI	
	F WIDOWE		12/20/6	7 4 10st	birthdoy) Months	Days Hours	Ain.
10a	. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU	ISTRY 11. EIRTHPLACE (Stote	or foreign country)	12. (TIZEN OF WHA	T COUNTRY?
	during most of working life, eyen if retired)		mino	a know	land	415	
13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	4 2167		
1	man Hallidan		Elizah	eth Cle	aa		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17	INFORMANT		Address	(6/20 11 11)	1.000
{Ye	(If yet, give war at district of service)	3-38-3558M	unald Talles	1 11601	Da Kiess	CYPKI	1100 15
=	18. CAUSE OF DEATH [Enter only one couse per lin		1114 100-1	<u> </u>		INTERVAL	ETWEEN
	PART I DEATH WAS CAUSED BY-	Cerebras	2 Therene	toans s.	courren	ONSET AN	D DEATH
	IMMEDIATE CAUSE (o)	C 500 C 500		, , ,			
	Conditions if one which \						
	gave rise to immediate DUE TO						
	couse (o), storing the <u>under-</u> lying couse lost.						
z	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE CON	DITION GIVEN IN P.	ART 1(o) 19, WA	SAUTOPSY
ATIO						PERF	ORMED?
IFIC	200. ACCIDENT WAS UNDERLYING 20b DESC	TRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in	Port I or Port II of i	item 18 }		עבון יייו וויי
CERTIFICATION	206. ACCIDENT WAS UNDERLYING A 206 DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3	20c. TIME OF INJURY Month, Day, Year 20d. IN		LACE OF INJURY (Home, for		vn)	(County)	(Stole)
MEDICAL	Hour a.m. While of work	IADI AUIIA	octory, street, office bldg., et	c.)			
1		:2/1	7 . 1957. to	12/14	1958 that	L last saw th	- decoured
	21. I certify that I attended the decease		1 0/1	Date from the	causes and an		
	alive an 12/14, 193	and that death	i accurred di 1/22.24	ADDRESS (Street, c			DATE SIGNED
	ACTUAL QUETE ME	larks	1306	Minno	win and	Chin	Chenz
1	SIGNATURE		M D	and the state of the second			
	PHYSICIAN'S I. L. Marks		6306 Wisc	onsin Av	enue, Cl	nevy Ch	ase,Md
220	BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town, or county	·) (\$t	ole
	Burial 12/17/58	Parklawn C	Cemetery	Rocky	ville, M	aryland	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS -		D BY REGISTRAR	24b. REGISTRAR'S	73	
	Robert A. Pumphrey H	Bethesda, Ma	arvland DATE	EC 1 8 '58	Curious.	à Tuana	

TO HOSPITAL OF VS A15 (4) 15M 9/55



1		ARUUS				Reg. Dist. N	6.
1	o. COUNTY Montgomer	v	MARYLAND	2. USUAL RESIDENCE (Who state New York	ere deceased lived. If institution is countried to countried the cou		fore admission)
		If outside corporate limits, write	c. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL ond give n	earest town)
	Bethesda	•	18 days	New York	•		
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		*	e. IS RESIDENCE ON A FARM?
l_	The Clinic	<u>cal Center, Bet</u>	hesda 14, Md.	25 South St	treet		AEC, NO
3	NAME OF DECEASED	First	Middle	Lost	l Of		Doy Year
L	(Type or print)	James	Roy	Townsend, Jr.		ember 1	-, -, -, -
5	SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday	Months Dovs	R IF UNDER 24 HR
	Male	White WIDOW	/ED DIVORCED	August 10, 1	1924 34 7		Hours Mn.
10	Oa. USUAL OCCUPATION during mast of work	ON (Give kind of work done 10b king life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Slote of	or foreign country)	12. CITIZEN	OF WHAT COUNT
	Seaman	Co	mmercial Shipp	ing Illinois		U. S.	. A.
1:	3. FATHER'S NAME			14 MOTHER'S MAIDEN N	AME		
н	James Town	nsend. Sr.		Clara Pedtl	(e		
		ER IN U S ARMED FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT The Med	dical Record	ddress	
T'	No.	(if yes, give wor or date of service)	30-1h-1h80 T	he Clinical Co			arvland
F		ATH [Enter only one cause per]		110 OTTHIOGH OF	Drugi, De orige		TERVAL BETWEEN
		ATH WAS CAUSED BY:		0		Ö	NSET AND DEATH
	17/	IMMEDIATE CAUSE (a)	peracue a	emorrage			20 min
	104.5	DUE TO	41 4	,	120		
	Conditions, if o		orlic sten	rece , cor	reportal		Life
L	gove rise to i			,	0		0
Н	lying couse last.	(c)					
NO FA	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION C	GIVEN IN PART 1(a)	19. WAS AUTOPST PERFORMED? YES NO
CEPTIGIC	OR CONTRIBUTING	AS UNDERLYING 1 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort f or Part II of ilem 18.)		
			DATE OF STREET	ACE OF BUILDY III.	Too care		
MEDICAL	Hour o, m,	While	Net while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg, etc.)	20f. (City or town)	(Count)	r) (Slote
3		., Jar wa	rk at work	00 70 0	1	-	
	21. I certify th	not I attended the decea	sed from November	30 , 19 50 , to Dec	cember 10, 195	that I last:	sow the decea
	alive an De	cember 18 , 19	$58_{}$, and that death	occurred of 2:25]	PM, from the causes	ond on the d	ate stated obe
		7 1 -	~ 7 / 1		DDRESS (Street, city or low		DATE SIG
	SIGNATURE	ance a ?	ne talland	M.D. The Clinica	al Center	12,	/19/58
				The Nationa	al Institutes	of Heal	Eh
	PHYSICIANUS NAME (Type)	JAMES A. MCFAR	RIAND, M.D.	Bethesda 11	. Maryland		
2.	20. BURIAL, CREMATIC		22c NAME OF CEMETERY C		22d. LOCATION (City, town	L or county)	/51-t-)
	PREMOVA. (Specify)			- Cuthulari	New	1021	(Stote)
22	DAFUNERAL DIRECTOR	'S SIGNATURE 4	ADDRESS 1400 C	1025.1184			11, 4
23	7/1/10	10000 (TAA) 1	1 1/2 9 4	AIC		GISTRAR'S SIGNATI	OKE \
	11,11/	CONTRACTOR CONTRACTOR	U, YY = 3 V(-)	The Court of the C	2 4 3 7	11 - 0 1	

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VS AT 1SM 10/57



	7400) OEKIII		OI DEF	~ 1111			Reg. Dist.	No.	21)
o COUNTY Montgome	ry	MARYLA	ND S	JAL RESIDENCE	E (Where	deceased in	red. If institute b. COUNTY	on: Residence I	before	admission)
RURAL and give	(If outside corporate limits, write nearest town) (Rural)	e. LENGTH OF STAY IN		ort Rov		ude corporati	limits, write R	URAL and give	: neare:	st town)
d. NAME OF HOSP	ITAL (If not in hospital, give stre	eet oddress)		STREET ADDRE				Х . с.	e.	IS RESIDENCE
U. S. Nav	al Hospital		В	ox 142					,	YES NO X
I. NAME OF DECEASED (Type or print)	First Alan	Middle Josep	h T	LOSI UBOLINO		DEATH	Mon		Day	Yeor 19 58
. SEX	16. COLOR OR RACE 7. MA			OF BIRTH		9	AGE (In years last birthdoy)	IF UNDER 1 Y	EAR IF	UNDER 24 HR
Male	Caucasian WIDO	OWED DIVORCED		9-1-58			last birthdoy]	Months Da	iya F	Hours Min
during most of wo	ION (Give kind of work done It irking life, even if retired)	0b. KIND OF BUSINESS OR		BIRTHPLACE (iry)		S.A.	WHAT COUNT
3 FATHER'S NAME				OTHER'S MAID				0.4	J.M.	•
Joseph M.	TUBOLINO		1	Margare	et (r	a) GLE	STA			
-		16. SOCIAL SECURITY NO.	17. INFORMA			-	olinoAdd	ess Box	142	
No	(ii Asz' Base with the district the remarket	_None	(Father							yal, S.
PART I. DE		r line for (o), (b), and (c).]	hes lh	cont	far	Lin an	k.	4	S S	AND DEATH
gove rise to couse (o), stating lying couse lost	the under DUE TO	Antic-	faul	non	ry	Kih	Jou		3	~~
3	THER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	BUT NOT REI	ATED TO THE 1	TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART I		WAS AUTOPS' PERFORMED? FES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED (Enter	nature of injur	ry in Por	1 I or Port 11	of item 18.)			
20c TIME OF INJU Hour a.m. p. m.	Wh		le. PLACE OF l factory, stre	INJURY (Home, set, office bldg.	form, , elc.)	20f (City or	town)	(Cou	nly]	(Stot
21. I certify t	hat I attended the dece	ased from Decemb	er 4	1958, la	Dece	mber '	7 , 19 58	that I las	t saw	the decea
alive on Dec	ember 7		eath occur	red at 01	.30A	M, from tores (Stree	he causes a 1, city or town,	ind on the stote)	date	stated abo
PHYSICIAN'S	Maril	ner we los					tal, NN	MC		12-8-58
NAME (Type)	. DE PAOLA, LCI			Be the sd			yland			
BUT181		22c NAME OF CEMETE Arlington				a. location	ton	v county) Virgi	nia	(Stote)
A A PUN	011 -16	ADDRESS Disconsin Ave		T-Try a	REC'D E	registral	24b REGIS	TRAR'S SIGNA		
31 111	V 10,									

ter deoth: Poge 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours by the hospital or attending physician.

CTOR: After this certificate has been signed by the attending physician and completely filled the complete the burial-transit permit. Then please remove carbon papers. Pages 1 can

TO HOSPITAL P

VS A15 (4) 15M 10/57

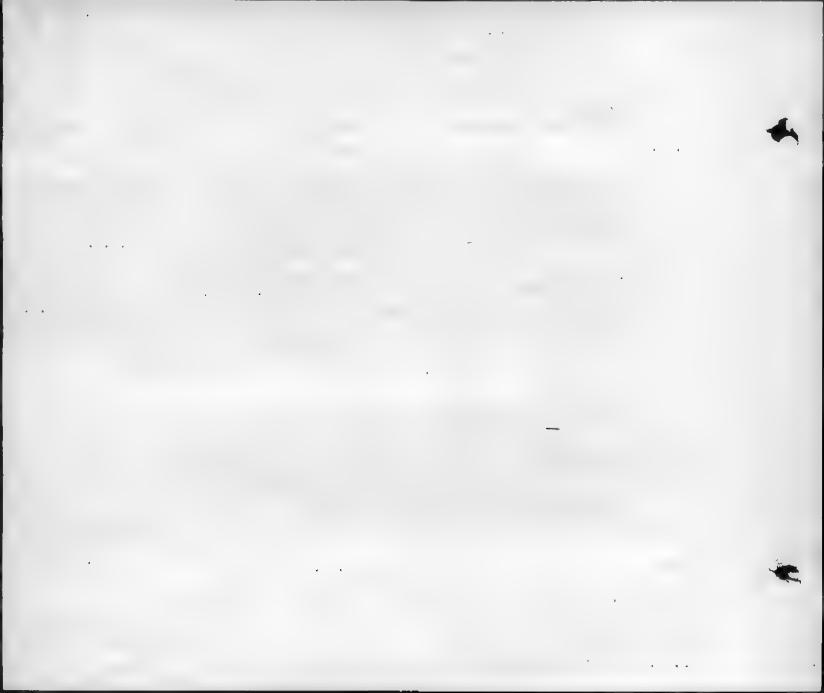
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moy be retoic. by the hospital or attending physicion.

TO FUNERAL DI, CTOR: After this certificate has been signed by the attending physic page 3 should be detached for use as the burial-transit permit. Then please remove the majstror prior to burial, cremation, or remanal, and in any event within 72 hours.

runeral director, ould be filled with

after deoth.



	<u> </u>	20000	Reg. Dist. No.
	1. 1	LACE OF DEATH . COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE DISTORAGE b. COUNTY b. COUNTY
		CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	7	RURAL and give nearest town) AKOUA PARK. MD 2 LANGE	WASHINGTON, D.C. 41X
2	ł	OR INSTITUTION TO HINGTON SANTARIUM + HOSPITAL	3426 164 St. N.W Apt 606 e. IS RESIDENCE ON A FARM? YES NO D
	3.	NAME OF First Middle	Lost 4. DATE Month Day Year
		Type or print) VESTA MIL'DO ED' -	TUCKER DEATH DECEMBER 3 19 JV
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days House Min
		WIDOWED DIVORCED	3/17/17 lost birthdoyl Months Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND Of BUSINESS OR INDUSTRIES OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	S	atistical WORK Pept. of Defer	1st MICHIGAN USA
1	13.	ARTHUR TUCKER	14. MOTHER'S MAIDEN NAME MARTHA WINDOVER
j	15.		NFORMANT Q Address
	Įīai	no or unknown] [11 yes, give wor or dates of service] \$78 - 32-2706 &	6Spital records
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	Shocks ONSET AND DEATH
		DUE TO ,	1 8 9
		Conditions, if ony, which	1/4/6:
		gave rise to immediate couse (a), stating the under	
	_	tying cause lost.	Jag y Carolla
4.	NO!	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	ICA:		YES NO NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURREI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Part t or Part II of item 18)
		20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	MEDICAL	Hour o. m. While Not while for p m. 19 of work of work	clory, street, office bldg., etc.)
	~	21. I certify that I attended the deceased fram//- 32)	1958, to 12: 3 1950, that I last saw the deceased
			occurred at 5 A M, from the causes and on the date stated abave.
		diffe on personal file of the	ADDRESS (Street, city or town, stote) DATE SIGNED
		SIGNATURE A CALLERY TO A LITTLE OF THE SIGNATURE	407600 COREUMAN 12.33
8			Takama todo mar land
é		PHYSICIAN'S Richard L. Clapp //	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (State)
	-	Cremation 12/5/1958 Fort Linco	In Crematory Prince Georges County Md.
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	0	the S. H. Mines Ca 2961-1445	Q Ws DATE DEC 4'58 Oriting & Frank
		1010 . C.h.	77 · C

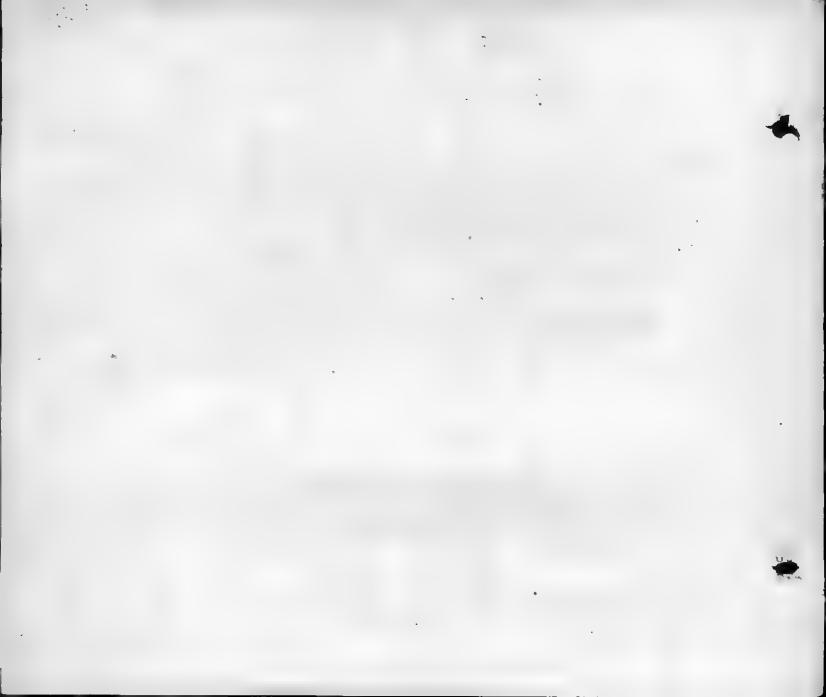
may be retained by the hospital or attending physicion.

O FUNERAL DI CCTOR: After this certificate has been signed by the ottending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any ment within 72 hypra offer death. may be retaine TO FUNERAL DI

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs,

er death. Page 4

TO HOSPITAL P. V\$ A15 (4) 15M 9/S5



PERFORMED? YES NO D

offer

14056 **CERTIFICATE OF DEATH** . PLACE OF DEATH m. COUNTY MARYLAND Montgomery

Malcolm

WIDOWED IV

day

Middle

b CITY OR TOWN (If outside corporate limits, write

Olnev d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

White

Malcolm K. Varnell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

DUE TO

Doy, Year

21. I certify that I attended the deceased from 2

226. DATE THEREOF

Retired-Attorney

Montgomery County General Hospital.

RURAL and give nearest town)

3. NAME OF DECEASED

Male

5. SEX

(Type or print)

13. FATHER'S NAME

unknown

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) **b** COUNTY Marvland Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase d STREET ADDRESS e. IS RESIDENCE Conn. Ave. East West Highway Sharron Narsing YES I NO DE Tnc 4 DATE DEATH 18 Varnell 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH lost birthday) Months Dovs Hours 11/9/81 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11: BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? II. S. A. Washington. D. C. 14. MOTHER'S MAIDEN NAME Lola Von Friedenthahl 17. INFORMANT Address Hospital Records INTERVAL BETWEEN ONSET AND DEATH Grant llera-

Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 17 WAS AUTOPSY 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)

20d INJURY OCCURRED

Not while at work at work

While

20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) 19 5 that I last sow the deceased ___, and that death occurred at 7:47. a.M. from the couses and on the date stated above

olive on_124 ACTUAL SIGNATURE

20c. TIME OF INJURY Month.

Hour a.m.

PHYSICIAN'S NAME (Type)

220 BURIAL, CREMATION.

22c NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

Sandy Spring Maryland 22d LOCATION (City, town, or county) Washington, D. C.

23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines Co.

24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE DEC 2 2 55 1 1 6 1

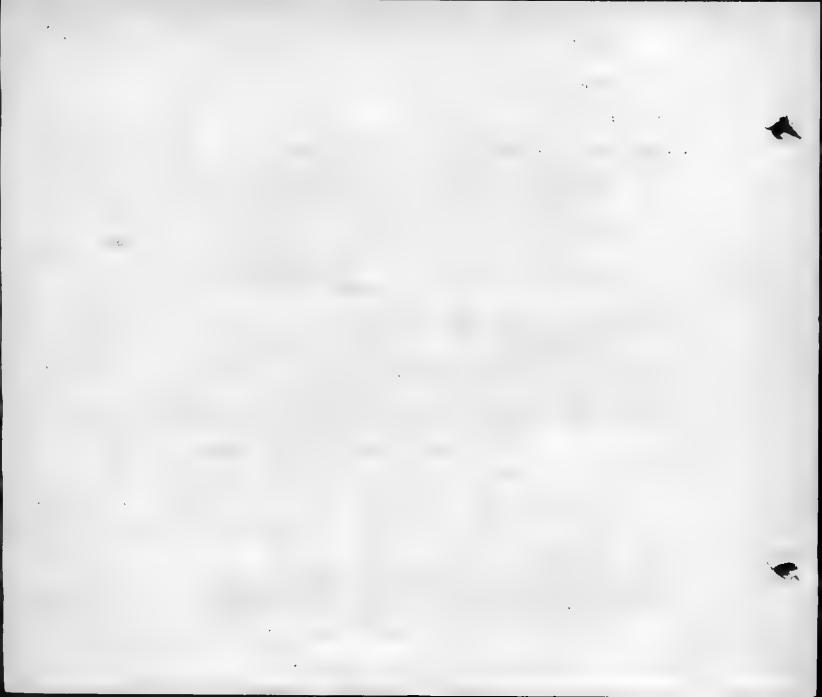
ADDRESS (Street, city or town, state)

VS A15 (4) 15M 10/57

0

Seral DIN





Files. Health,

TO DEPUTY NEGLEAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is, execute the ...

Execute the ...

Figure ...

A should be : worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to Funeral Directors. Page 5 may be retained to Funeral Directors. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bool or its designated agent, prior to berial, cremotian, or removal, and in any event, within 72 hours after death.

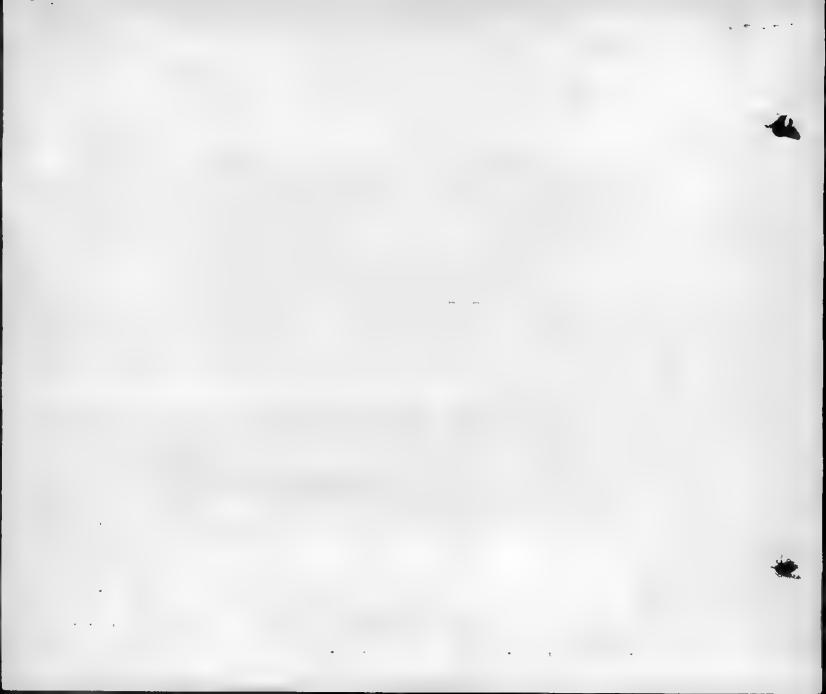
V\$. A15ME 5M 2/57 THE PARTY NAMED IN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14044

		14058		CERTITORIE	OI DEATH	Reg. Dist. No.	
. [PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived. If institu	ution: Residence before	admission)
	•	a. COUNTY MARTELONALE	MARYLAND	o. STATE	L. L. COUNT	Υ	
П	Ь	D. CITY OR TOWN If autside corporate limits, write EURAL	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL and give neon	si lown)
71		and g ve hearest town)	241	h	28 1		
ŀ	c	NAME OF HOSPITAL OR INSTITUTION UP not in h	ospital, give street address)	d STREET ADDRESS	your K	- '¬:	IS RESIDENT
		605 Mmir. Blod.	ę	610 W	band sh		ON A FARM
	3. 1	NAME OF	Middle		DATE Mont		Yeor
		DECEASED (Type or print)	:/.	to	OF DEATH / 2 -	2 3	19.50
ı	5. S	SEX 6 COLOR OR RACE 7. MARI	RIED NEVER MARRIED B	DATE OF BIRTH	9. AGE In years	IFUNDER TYEAR IF	UNDER 24 HR
		in ale wif it wipow		1 2-1000	(met berthday)		ours Min.
H	10a	USUAL OCCUPATION (Give kind of work done 10b	harm prom 1	Y III RIPTHPLACE ISLAMA	2 76 yn.	12 CITIZEN OF W	
	d	during most of working life, even if refired)	dustrial brushes		(
\	12	- Mariana	Morrial propes	1 30man		M-S.	4
Ŋ	LJ.	FATHER'S NAME		M MOTHER'S MAIDEN NAM	(E		
4		Insterna		allellyon	-		
		WAS DECEASED EVER IN U. S. ARMED FORCES? [1]	6. SOCIAL SECURITY NO 17, IN	FORMANT	Address		
		no 1	10-07-3300 R	to Dorohan	4 (danst ter)	Stern	/
		18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c).		Control of the contro	INTERVAL	BETWEEN
- 1		PART I. DEATH WAS CAUSED BY:	Canada Ann	0		ONSET AN	O DEATH
		IMMEDIATE CAUSE (6)	conary occi	malon -		- JE	nd au
_		4 × 0 · 1 DUETO	T T			-e-i	hade
-1		Canditians, if any, which by gove rise to immediate cause	man on manual type by the statement of				
_		(o), stating the underlying DUETO					
		couse last. (c)					~
	ã	PART II, OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	/EN IN PART I(a) 19. V	VAS AUTOPSY ERFORMED?
	CERTIFICATION					YES	
-1	115	200. EXTERNAL CAUSE WAS 206. DESCRI	IBE HOW INJURY OCCURRED (En	ler nature of injury in Port 1 o	r Part II of item 18)		
	CER	CAUSE OF DEATH.					
	EDICAL	20c. TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e FLAC	E OF INJURY (Home, form,	20f. (City or town)	(Caunty)	(Slate)
	8	Hour a.m. 19 at a	ile Not while factor	ry, street, office bldg., etc.)	, ,	, , , , ,	(
	2		wark of wark	1 1 1 1 7	3		
- 1		21. I certify that I took charge of the	remains described abov	e, held on Autopsy [, Inspection [16],	Inquiry [4],	and in my
		opinion death resulted from: Notural	couses [3], Accident [], Suicide [], Hoi	micide 🔲, Undele	rmined monner	
		SIGNATURE 1	schout	M.D. CHIEF MEDICAL EXAM	INER 🔲	Di	ATE SIGNED
				ASSISTANT MEDICAL E	XAMINER 🗆		
^	ļ	NAME (Type) FLANK I F	PLOSCHZIT	DEPUTY MEDICAL EXA	MINER DA	1-23-53	
	220	BURIAL CREMATION. 276 DATE THEREOF		- saustul	{Slate}		
REMOVAL (Specify) 12/26/58 Gate of Heaven Cemetery Westchester County N							
	23	BURLAL	ANDERSS				
	WA	KNER BECTOPUMPHIET, INC.	SILVER SPRING	, MD . 240 REC'D 81		STRAR'S SIGNATURE	
	A	aimand a piska		DATEDEC	2 9 '58 Chi	Charles Krang	



CERTIFICATE OF DEATH

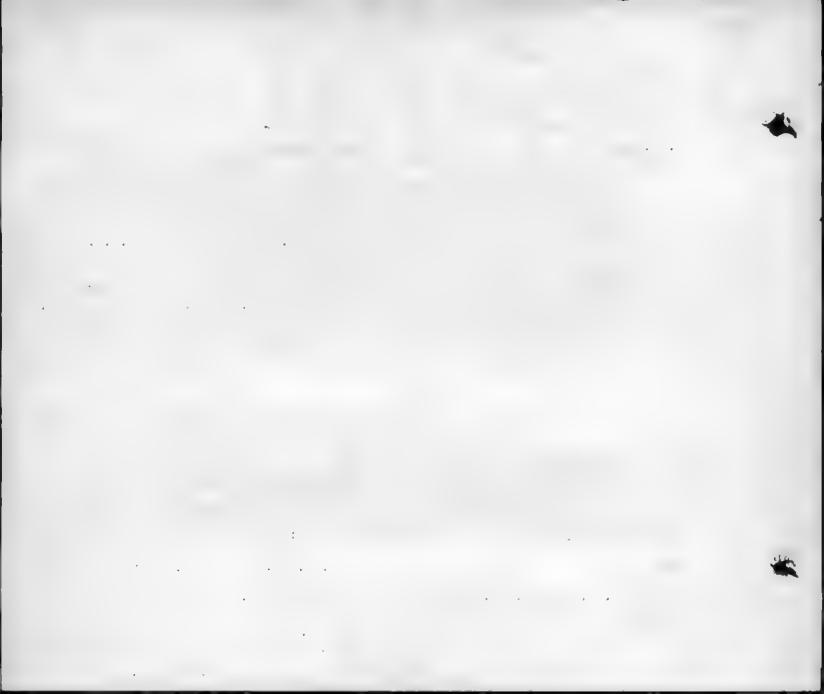
Reg. Dist. No. 215

	PLACE OF DEATH o. COUNTY Montgomery Maryland				2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a, STATE Virginia b COUNTY							
		b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and			RURAL and gi	give nearest fown)	
		Bethesda (Rural)		1 day		Spotsylvania 3 3					_	
/	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION			oddress) d. STREET ADDRESS			e. IS RES DENCE					
	U. S. Naval Hospital				Box 102, Rt. 2					ON A FARM? ES NO 🔀		
		AME OF ECEASED	Fin	it.	Middle		Lost	4. DATE	Mon	1th	Doy	Yeor
	(T)	ype or print)	Caroline		Louise		WABBLE	DEATH	Dec	ember	5	1958
	S. SEX		6. COLOR OR RACE	COLOR OR RACE 7 MARRIED [TED B DATE OF BIRTH		9. AGE (In years lost birthday)				UNDER 24 HRS
	Female		Caucasian				12-3-85 73 yrs				Days H	Ours Min
)	10a.	USUAL OCCUPATIO	N (Give kind of work ong life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDUS	USTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY					
	Housewi					Mass. U						
	13. FA	ATHER'S NAME					14 MOTHER'S MAIDEN NAME					
		James WHI	NE.				Emma COLE					
			IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 18	IFORMANT		Add	ress 1535	Myr	on St.
	(Yes, r	No. or unknown) (f yes, give wor or dates of se	ce]	None	(S-	I-L)Mrs. Gra	ce E.	Walsh, S	chenec	tady	, N.Y.
	1	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]										
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) State alime! Old state L. ONSET AND DEATH										
		1750 DUE TO 1 - 17										
		Conditions, if ony, which)										
		gove rise to immediate DUE TO										
		lying couse lost.										
5	CATION	PART II OTH	ER SIGNIFICANT CON	OITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
No.		On ACCIDENT WA	LINIDEBLAND C	20b DEC	COIRE HOW INTIDA	CCUIDAGE	15.4	. D I d D.	- H - 5 's - 20 2		Y	ESX NO
	CER	ROS. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3	CRIBE HOW INJURY OF	CCORKEL	(Enter noture of injury in	a reri i er re	rr II or item 18.)			
	MEDICAL	Oc. TIME OF INJURY	Month, Doy, Yes		NJURY OCCURRED		CE OF INJURY (Home, for		y or lown)	(Co	ounty)	(Stote)
	₩ED	Hour a.m. p.m.	19	While of wor	rk Ot while	100	iory, sireer, diffice diog., e	nc.1				
	2	21. I certify the	at Lattended the	deceas	ed from Decem	ber	4 , 1958 , to D	ecembe	r 5 1058	that I la	ath cons	the deceased
		alive an Decer		19.5			accurred at 12:2	5P4 6-0	m the seven		isi suw	me deceased
	ĺľ	alive an December 5, 1958, and that death accurred at 12:25PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED										
		ACTUAL	1) 11	16			II S N		Mospital,		1	2-6-58
1	5	HGNATURE	77167616	7			A.D	MAGT T	toppi od i	TITITAS		2-0-)0
-		PHYSICIAN'S R.	F. MADING	, 11	MC, USN		Bethesd	a 14,	Maryland	* ~~~~		
			, 22b. DATE THEREO	F	22c NAME OF CEME	ETERY O	CREMATORY	22d. LOC/	TION (City, town,	or county)		(Stote)
		REMOVAL (Specify)								gini		
	23. FL	3. FUNERAL DIRECTOR'S SIGNATURE AS WELL A THAT PRESS OF BETWELL TO BY REGISTRAR 246 REGISTRAR'S SIGNATURE										
	WH	EELER & T	HOMPSON Fu	nera			cksburg, DATE	C 9 '5	8 0	2 mn 8 4	soud.	

Vineral director, and be filed with may be retaine by the hospital or attending physician.

TO FUNERAL DIN, CTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shifter registrar prior to buriol, cremotion, or removal, and in any event within 72 hours offeed 60th. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. By the horsing or attending a function VS A15 (4) 15M 10/57

deoth: Poge 4



22c, NAME OF CEMETERY OR CREMATORY

ADDRESS

220 BURIAL CREMATION, 22b. DATE THEREOF

EMOVAL (Spircify)

23. FUNERAL DIRECTOR'S SIGNATURE

death. Page

0

VS A15 (4) 15M 10/57

e. IS RESIDENCE

ON A FARMS

Year

19

WAS AUTOPSY PERFORMED? YES INO II

(Stole)

22d. LOCATION (City town or county).

24b. REGISTRAR'S SIGNATURE without & France

24a. REC'D BY REGISTRAR

(Stole)

Min



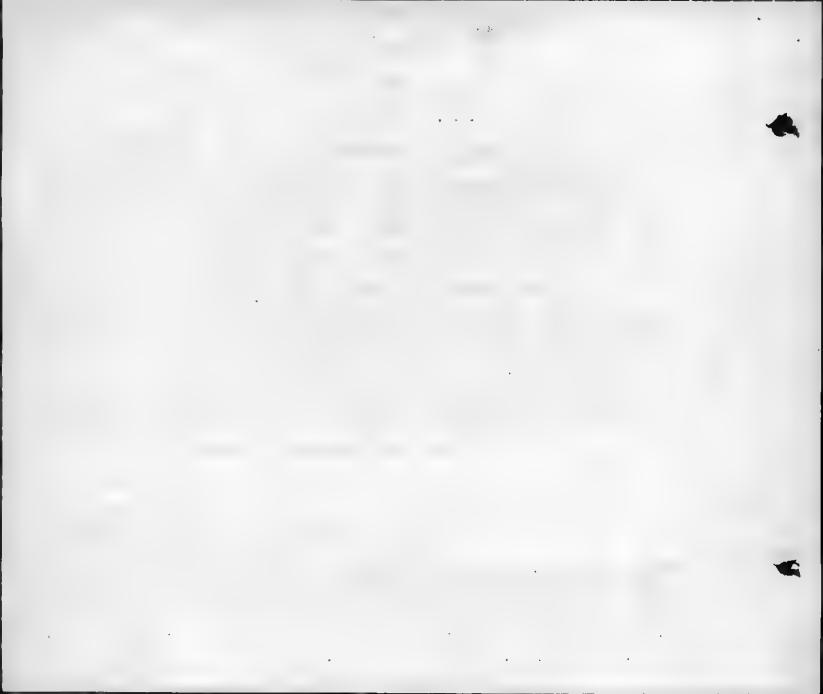
		CERTIFICATE OF	DEATH	Reg. Dist. No).
1	1.	o COUNTY O. STAT	RESIDENCE (Where deceased line	b. COUNTY	t gomery
	2	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY RURAL and give nearest town) Takoma Park		e limits, write RURAL and give ne	arest town)
3	//	d' NAME OF HOSE TAL (If not in hospital, give pireet oddress) OR INSTITUTION d. STRI	ET ADDRESS	Dring CY Su	e. IS RESIDENCE ON A FARM?
1		Maih. Sanit Hosp. 181	00 Jahon	railt. J.J., Ma	YES NO
		3. NAME OF DECEASED (Type or print) The state of the sta	a 18 00 DEATH	Month D	Yeor 1958
		5. SEK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF			IF UNDER 24 HRS
		J. Wh. WIDOWED DIVORCED 12-	-15-03	last birthdoy) Months Days	Hours Min.
	10a	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired) 100 USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR INDUSTRY 11. BIR during most of working life, even if retired)	THPLACE (State or foreign coun	try) 12. CITIZEN	OF WHAT COUNTRY?
		13. EATHER'S NAME 14. MOTE	ER'S MAIDEN NAME		
	ur	unknown Shellield Mir.	this s	nou me	
/		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Benjamin V.,	Address	4 7 ° ,
		no q yes m_r .	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	2730n 1165	Lahonal
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART 1. DEATH WAS CAUSED BY:	22. A3:37 -	JS 7 6N	ERVAL BETWEEN
		DUE TO	2		?0 mm
		Conditions, if ony, which) (b) Coron-drag 2.	ELULONO	/	42,
		gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO ALIGNATION	-	3	3420
0	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO T
	CERTIFIC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	re of injury in Port I or Port II	of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while foctory, street, of work of work	RY (Home, form, 20f. (City or office bldg., etc.)	town) (County	(Stote)
	*	21. I certify, that I attended the deceased from Mar. 3, 19.	16, to Dec. 1	5_, 19_1 J., that I last s	ow the deceased
		alive on 18 13 , 1955 , and that death occurred	at 4145 P.M. from t	he couses and on the do	ate stated above.
		ACTUAL SIGNATURE MD. 30	ADDRESS (Street	t, city or town, state)	D.C. KD:E NSS
Topic State of the		PHYSICIAN'S IRWIN L. YAGER	,		
	220	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO REMOVAL (Spec (y)		N (City, town, or county)	(Stole)
		TRANS. & BURIAL 12/18/58 Caldwell Springs Ce		ethton, Carter	
	W	23 FUNERAL DIRECTOR'S SIGNATURE HARNER E. PUMPHREY, INC. KAUTUM ALL MANUEL SPRING, ME	24a. REC'D BY REGISTRA DATE DEC 1 8 58	R 246 REGISTRAR'S SIGNATU	

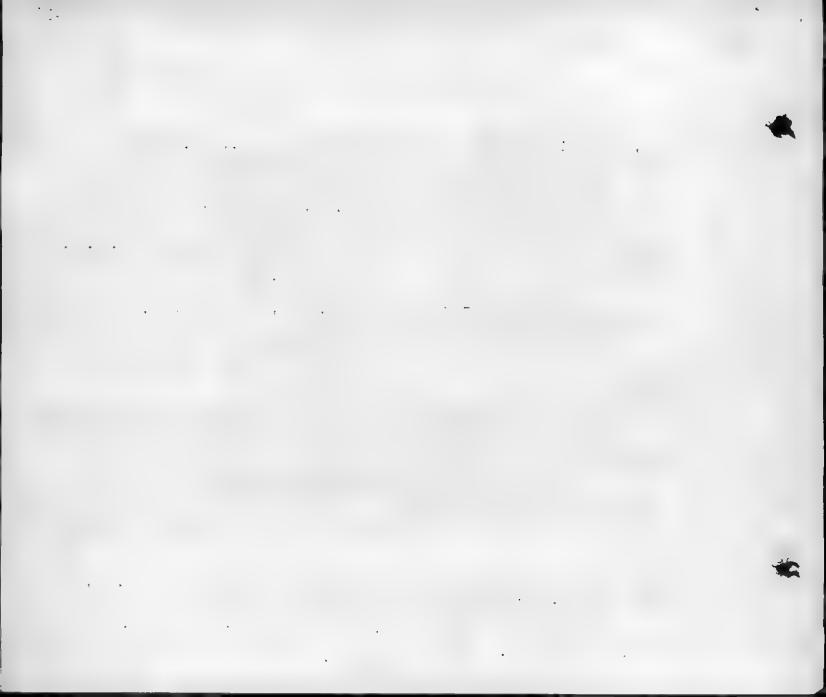
TO HOSPITAL OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofte may be retained by the hospital ar attending physician.

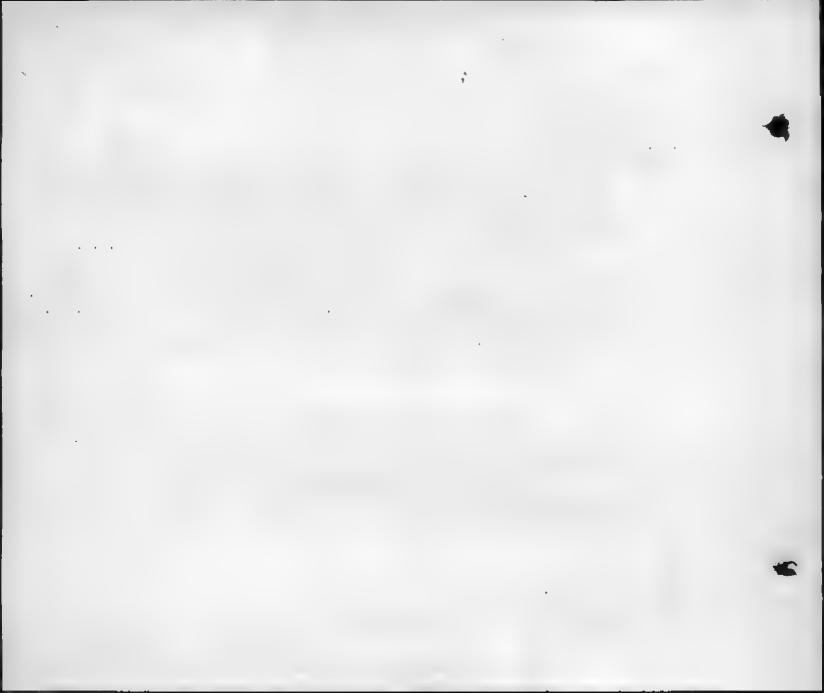
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar removal, and in any event within 72 hours and death. VS A1S (4) 1SM 10/57

ineral director,

death. Page 4







. 15 RESIDENCE ON A FARM?

YES NO IX

Yeor

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Stole)

DATE SIGNED

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery o. COUNTY MARYLAND Maryland Montgomery b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! town) RURAL and give peorest lown)
Bethesda Glen Echo d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS Suburban Hospital 14 Oberlin Avenue NAME OF Middle Month MARIEL JENKINS WIENER (Type or print) Dec. 22, 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF SIRTH 9. AGE (In years Jost birthday) IP UNDER 1 YEAR IF UNDER 24 HRS. White Female July 11, 1888 WIDOWED PT DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home US Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME xMxxxxxxxxx Everard Fisher Constantia Fisher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 77-09-3634BGladys E. Kennedy-Item # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underfying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY 0 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 2Ge PLACE OF INJURY (Home, form, Doy. Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m Not while of work of wark 21. I certify that I attended the deceased fram April 1959, 19 __, to Dec ...that I last saw the deceased and that death accurred at_____M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) George Sharpe

22c. NAME OF CEMETERY OR CREMATORY

12/26/58 Potomac Church Cem 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Md.

226. DATE THEREOF

220 BURIAL CREMATION,

THEMOYAL (Specify)

Potomac, Md 24a, REC'D BY REGISTRAR DEC 2 9 '58

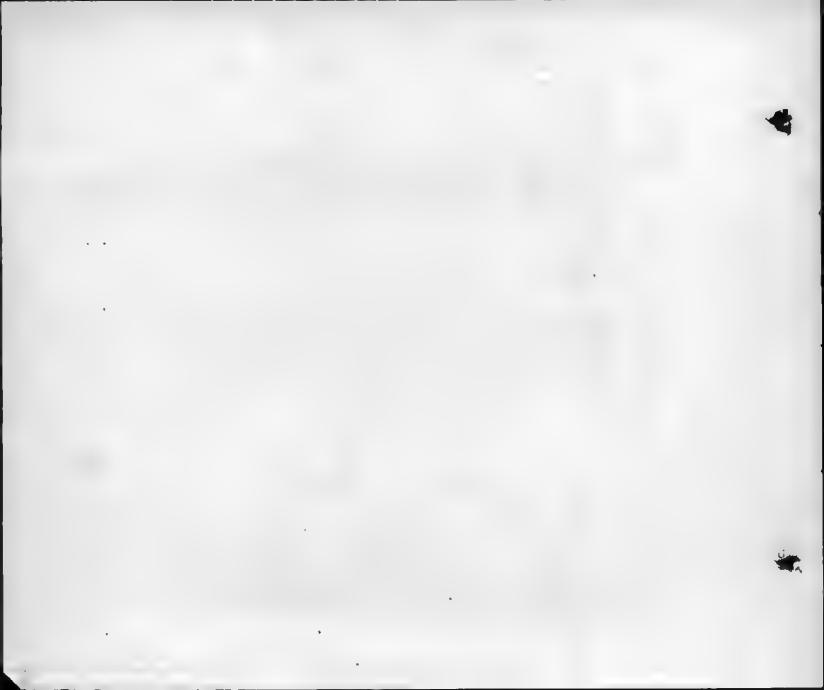
246 REGISTRAR'S SIGNATURE Cin 7 8 Kines

22d LOCATION (City, town, or county)



YS A1S (4) 1SM 10/S7

	14	06:	3 CERTII	FICAT	E OF DEAT	Н		leg. Dist. No	
1. PLACE OF DEATH 6. COUNTY MONTGOMERY			MARYL	AND .	USUAL RESIDENCE (W STATE ARYLAND	Vhere deceased live	b. CQUNTY	Residence befo	pre admission)
b. CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corporate			egrest town)
RURAL and give no	orest lown)		20 HOURS		GAITHERSBU				
d NAME OF HOSPIT	AL (If not in hospital, g	ive street i	oddress)		d STREET ADDRESS	, Ru			e IS RESIDENCE
OR INSTITUTION MONTGOMERY	CAUNTY GEN	FOAL	HOSPITAL	'	RT. #2				ON A FARM?
3 NAME OF	Fir		Middle		Lost	4. DATE	41 4		
(Type or print)						OF DEATH	Month	Da	
S. SEX		7. MARR	BEL IED NEVER MARRIEI		WILLIS ATE OF BIRTH		GE (In years IF		31 19 5
					4 4	7. fc	st b rthdoy) N	Ionths Doys	Hours Min.
FEMALE	WHITE	WIDOWE	Iraal		9/7/06		52 yrs.		
10a. USUAL OCCUPATION during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	III. BIRTHPLACE (Stote	e or foreign countr	r}	12 CITIZEN C	OF WHAT COUNT
HOUSEWIFE					NORTH CA			U.S.	Α.
13. FATHER'S NAME				11	4 MOTHER'S MAIDEN	NAME			
WILLIAN	R. Cook				Rose Crou	JSE			
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 INFO			Address		
			NONE	Hos	TAL RECOR	ens	OLNE	EY. MD.	
18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o), (b), and (c)				·		ERVAL BETWEEN
	TH WAS CAUSED BY	/F .	merali	1. R	1 Cares	noma	Teris	ONS	SET AND DEATH
154X	DUE TO		3						unites:
Conditions, if or gove rise to in	ny, which) (h)	Cuca	reinorn	al	1 200	to-Si	Smei	el Cola	u Mund
cause (a), stating t					0		0		7
lying couse lost.) (c)								Α
2		DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIVEN	IN PART 1(o) 1	PERFORMED? YES NO
1	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Part I or Port II of	item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yea	While	Not while	PLACE factory,	OF INJURY (Home, for street, office bldg., et	m, 20f. (City or to	own]	(County)	(State
21. I certify the	at I attended the	decease	od from Oct.	2-8	10 10	Dec. 3,	10/0	heat I lead as	aw the deceas
alive on	Le.31	105		tooth ac	curred at 9:25	A 14 6 15	17	ner i lest so	w rne deceas
77	, /			Jeuin uc	routed disters	ADDRESS (Street,			ite stated aba DATE SIGN
ACTUAL	uksy	ru	madel	ZM.D	************		***********		DATE SIGN
PHYSICIÁN'S NAME (Type)	J. SCHUMAC	HER.	M. D.		GALTHER	SBURG M	ARYLAND_		
220 BURIAL, CREMATION	4, 22b. DATE THEREO	F	22c NAME OF CEMET	ERY OR CR			(City, town, or e		(Stote)
REMOVAL (Specify) Burial	1-2-59		<u>Laytonsvi</u>	110	Meth		ns ville	.,	10,000
23 SUNERAL DIRECTOR'S			ADDRESS	<u> </u>		D BY REGISTRAR		AR'S SIGNATUR	RE
May w	- Barber	Tinn	to next 11e	พล		N 5 '59		117 8 4	
/1		1 124 1/	100 100 11 10	e 1017	I DAIL			777	



e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES 🗍

(County)

NO 🖾

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY

ON A FARM? YES NOV?

Rea. Dist. No. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give netwest town) RURAL and give nearest town) d NAME OF, HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS NOTION 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 5 SEX 7 MARRIED NEVER MARRIED IF UNDER 3 YEAR IF UNDER 24 HRS B DATE OF BIRTH AGE (In years lost birthdoy) Months Doys WIDOWED | DIVORCED > yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) deoth. dring most of working life, even if retired) HOUSE W often 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) EIMIST **DUE TO** Conditions, if ony, which gove rise to immediale DUE TO couse (a), stoting the underburial-transit lying couse lost PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY/OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour e.m. While Not white of work of wark a. m. 21. I certify that I attended the deceased from 1952 that I last saw the deceased alive on and that death accurred at AtM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE prior should PHYSICIAN'S NAME (Type) 67 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. PREMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

director certificate 000 ā HOSPIT. noy be r O

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

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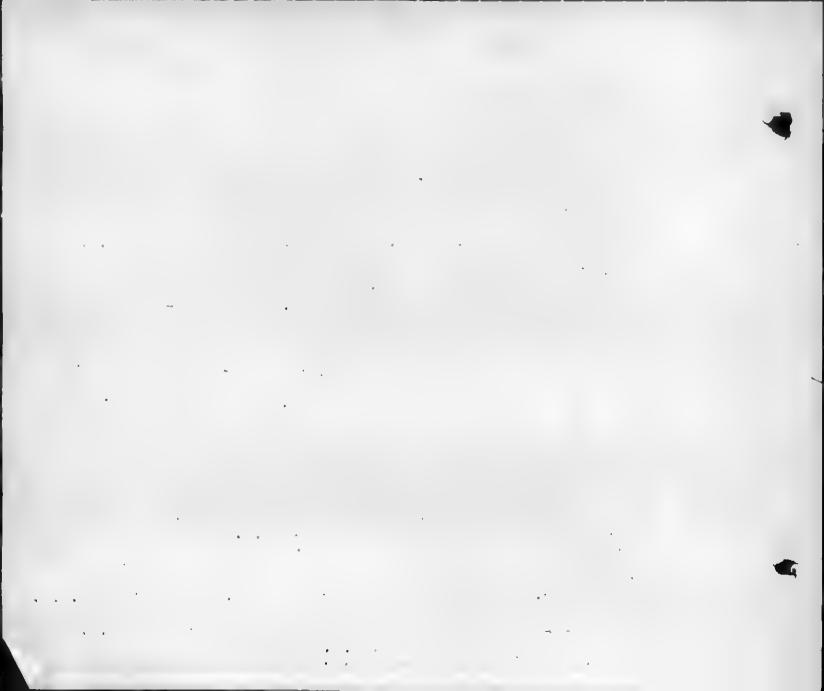
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14053

14065 **CERTIFICATE OF DEATH**

ten.	Dist.	No	

t =			<u> </u>								1101			
1.	PLACE OF DEATH	10.03 17:1037		MARY	LAND	2. USUAL RES o. STATE			lived If institute b. COUNTY		_			
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b							LARYLAND COLUMN							
1	RURAL and give nearest fown)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	"LSTIM"	ELATL III	LLS	19 11.41	S	X	ST.	TRI-TA	ED HILL	S				
Г	d NAME OF HOSPIT.	AL (If not in hospital, s		address)		AJ. STREET	the same of the sa					RESIDENCE		
	OR INSTITUTION	OOR TITE	ni m	():7)		5	225 I	PTT O	THE DOAR			A FARM?		
		225 ELLI		120AD		ا ا		<u>.0 - 1717 </u>	I'I MOAL	<u> </u>	163			
3	NAME OF DECEASED	FH.		Middle		Lo	ist	4 DATE OF	Mon	th	Day	Yeor		
L	(Type or print)	CHAR		W.		WOOLN	OUGH	DEATH	12		3	19 58		
5.	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIE	DП	B. DATE OF BIRT	TH	T	9. AGE {In years	IF UNDER 1 Y	EAR IF UN	NDER 24 HRS		
	Male	White	WIDOW			LARCT	21st.		last birthday) 92 yrs	Months Do	ys Hou	irs Min.		
10	USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHP		or foreign co		12 CITIZE	N OF WH	IAT COUNTRY?		
	during most of work	ing life, even if retired)											
12	FATHER'S NAME			U.D. VO 1			ASS.	1445			Sala			
"		LLLAM		HOUGH		14. MOTHER'S	3 MAIDEN N	IAME						
L	X.K.	XXXXXXXX	XXXX					JE	SSIE FO	RREST				
15.	WAS DECEASED EVER	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17, II	NFORMANT			Add	ress				
L	NO	, , e, , g, e,				MARI	EF.	MOOL	NOUGH	SAIT				
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), ond (c)								BETWEEN		
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	· Ci-	er.t.	di	0.1.1		0 5	1000.	/	ONSEL AF	ND DEATH		
Н	421.0	DUE TO				WELVE TO THE PERSON OF THE PER	Charles		1-1-1-1	4		7		
			m	11 0	0			U			16	, <u> </u>		
	Conditions, if or		10	much		nau	11/1-	in				mond		
	couse (a), stating t		On-			Α -	0		07		1 7			
	lying couse lost.) (0	7.15	nucle	28-	da	ule	1114	elile in	010	14	Lew-		
Z	PART II OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	THE BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1		AS AUTOPSY		
ICATION												FORMED?		
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	COURRED	D. (Enter noture o	of injury in P	Part I or Part	II of item 18.)					
1	20c. TIME OF INJURY	Month, Day, Ye	ar 20-1 to	NJURY OCCURRED	20- 01/	CE OF INTRIBY	/N f	206 (57)						
H	Hour o.m.		While	_ Not while	fac	CE OF INJURY I	e bldg., etc.) 201. (City	or town)	{Cou	inty)	(Stote)		
MEDI	p. m.	19	of wor	k of work										
	21. I certify the	at I attended the	deceas	ed from	20	. 1958	7. 10	24.2	1945	Zihat I lai	et sow th	ne deceased		
	olive on	1 2	10 4			_			the causes o					
				wzy_y=end that	ueum	occorred by			eet, city or town,		dote st			
	ACTUAL 7	of the)	10		0	T. TAT S	ANDIKESS (SII	eer, city or town,	stare)	4	DATE SIGNED		
	SIGNATURE	m	0	VILLY_	/	v.o. 707	E. C.	melent	St 1	gah	mel	700		
	PHYSICIAN'S					·		•			1			
L	NAME (Type)	JOHN R.	DUL	Ľ		907	MAST	Car	TOL ST	REFE .		n.c.		
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ON (City, town, o	or county)		lote)		
	REMOVAL (Specify)	12-8-58	3-	ATBANY R	TERA	T. CEUE	TERY	137 A F	BVI TE	יקי	77 37			
23.	FUNERAL DIRECTOR'S	SIGNATURE	-000	ADDRESS 17	a 1-	0		BY REGISTI	AR 24b REGIS	TRAR'S SIGN	ATURE			
	TAIC	CAT	eller		ash	2 7 7				. ,	_			
	'CIS	e o Colle	الدين و	1921 14th	0 0	D 4	DATE	8 '58	Cirl	hun S. Ti	Lauld.			



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necessory, please our files. Bood of Health,

TO DEPUTY AFFOCAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is neal execute the ficate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be extwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo3 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

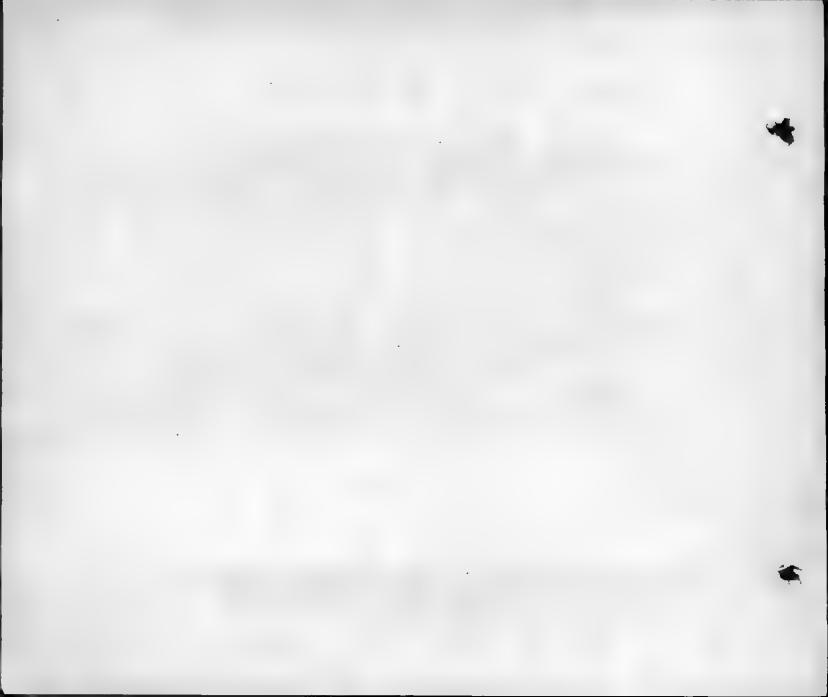
VS. A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14054

Rea. Dist. No.

•		- CODATY .	ISUAL RESIDENCE (Where deceased lived. If institution: Residence b	pefore admiss on)
		mentumery MARYLAND "	STATE B. COUNTY	
	b	b. CITY OR TOWN (If over corporate limits of the RURAL c. LENGTH OF STAY IN 16 c.	CITY OR TOWN (If outside corporate fimits, write RURAL and give	neorest lown)
,	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d	I. STREET ADDRESS	. IS RESIDENCE ON A FARM?
X	_	Brookl grove Foundation	200hrann	YES NO
		NAME OF DECEASED A First Middle	Last 4. DATE Month Do	y Yeor
		(Type or print) Juhn Sedmeton Uhr	4/1 DEATH 12-4-5	3 19
	5, 5		BIRTH 9. AGE (in years IF UNDER IYEA	Hours Min.
	10	Male Julia WIDOWED V DIVORCED 30	-10-1876 82 yr.	
	d	to, USUAL OCCUPATION (Give kind of work done of the line of the li	I. BIRTHPLACE (Slote or foreign country) 12. CITIZEN (OF WHAT COUNTRY?
	13.	JAKESSANA	MOTHER'S MAIDEN NAME	3.4
		More illered +	3 1 54-4	
	15.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	Address Address	
	[701,	es, no, or unifown) (If yes, give war or dates of splivice)	of Records	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	TINI	TEPVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Little Cardine		zueldun
		177 X DUE TO . A .	4	
		Conditions, if ony, which by Clarenna of fra	take with metastissis	months.
		(o), storing the underlying DUE TO		
	-,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATE TO THE YEAR OLD THE COMMITTEE C	
\	Õ	1 - 11	LATED TO THE TERMINAEDISEASE CONDITION GIVEN IN PART T(0)	PERFORMED?
	Ϋ́	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED LETTER TO	Attentioner in Part of Part life dam to V	YES NO R
	CERT	CAUSE OF DEATH.		
	WEDICAL	COC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 406 Foctory, str. While Not white	INJURY (Home, form, 120f. (City or fown) (County) set, office bidg., etc.)	(Stota)
	ME			
		21. I certify that I took charge of the remains described above, h	neld an Autopsy 🔲 , Inspection 🔣 , Inquiry 🔀	, ond in my
		opinion death resulted from: Natural causes [3]. Accident [].	Suicide, Homicide, Undetermined monr	ner 🔲
		SIGNATURE hours O. Brownhart	CHIEF MEDICAL EXAMINER	DATE SIGNED
		SIGNATURE MILLS J. Brown Front M.D.	ASSISTANT MEDICAL EXAMINER	
1		EXAMINER'S FLANK J. BLOSCHZHT	DEPUTY MEDICAL EXAMINER 12-4-	58
	220	10 BURHAL, CREMATION. 226 DATE THEREOF 226. NAME OF CEMETERY OR CREMATERS OF CHIEF OF CHIEF OF CREMATERS OF CHIEF OF CREMATERS OF CREMA	ATORY 22d, LOCATION (City, town, or county)	(Stote)
		Klmork 1720	massena, New	fark
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATI	
	_	Mily surlyed Have clarwell Vi	Le DATE	



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Poge	director,
r death.	funeral
ours offe	in by he
ires that the death certificate be executed within 24 hours after death. Page 4	hed by the attending physician and completely filled in bythe funeral director, semi. Then please remove carbon papers. Pages I and 2 should be filed with
scuted w	complete
te be ex	ion and
certifica	ng physic
ne death	attendir
es that ti	ed by the
, br	2 6

MARYLAND, STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14055CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND Montgomerv Maryland Montgomery b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Vista Rest Home YES NO 12 5420 **/5520** Roosevelt Street 4. DATE OF DEATH NAME OF DECEASED Middle Lost Day Year (Type or print) Thomas Hicks Wright December 16 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH 88] Hours DIVORCED | WIDOWED T 1891Male White Sept. 3. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? General manager Haberdasherv Ohio US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jil. Fannie Harrison John N. Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Louis No Siegel-son-in-law-same as 577-05-646] 2d Lewis 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 14R " / X **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-60 lying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) Hour e. m. While Nat while 19 p. m. of work 🗍 at work 19 So that I last saw the deceased 21. I certify that I oftended the deceased from and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town state) ACTUAL SIGNATURE PHYSICIAN'S LEO Donovan 220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county State

Parklawn Cemeterv

Bethesda, Maryland

240. REC'D BY REGISTRAR

DATE DEC 1

9 '58

ADDRESS

Maryland

245. REGISTRAR'S SIGNATURE Cothur & Thous

0 VS A15 (4) 15M 9/55

O

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrev

19/58



(Stote)

(Stote)

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO IN IF UNDER I YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? America INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO DE

DIC [1 1958 that I last saw the deceased

Washington Sanitarium and Hospital Takoma Park.

Cirlbury & Knows 75221XV

** (a) } THE STATE OF THE PARTY OF THE P Share Meeting of a relative to the first

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 14069

14057

		7111							Keg. Dist.	. No.
I. PLACE OF DEATH o. COUNTY	MONTGOMERY		MAR	RYLAND	2. USUAL RES	ARYLAN	ere deceased	l lived. If instituti b. COUNTY		before admission) ONTGOMERY
b. CITY OR TOWN RURAL and give	(If outside corporate limited (#1) (III) (is, write	12 yrs.	YINIB	Samuel Sci.	TOWN (If o		ote limits, write R	URAL and giv	re nearest town)
d. NAME OF HOSP OR INSTITUTION	17AL (If not in hospital, p 8303 Coles				d. STREET 8303	ADDRESS Coles	ville	Road		e. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print)	GEORG		SHEPH)		YOUNG	osi	4. DATE OF DEATH	DEC.		Day Yeor 1, 1958,9
S. SEX MALE	WHITE	WIDOWS	t-of	ED 🗍	B. DATE OF BIR 12/26/8	0		9. AGE (In years lost birthdoy) 77 yrs.		YEAR IF UNDER 24 HRS. Hours Min.
during most of wo Cabinet ma	ION (Give kind of work rking life, even if retired AKET (retire)	done 10b.	theonian	or indu	tute	SCOTLA	or foreign co	uniry)		EN OF WHAT COUNTRY
IJ. FATHER'S NAME LIVINGSTON	YOUNG				14. MOTHER ISAB	S MAIDEN N		RD.		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	BLASCE)	SOCIAL SECURITY NO 9-05-7523-		rs. Mar	y Ann	Young	8303 Cc		lle Rd
Conditions, if gave rise to couse (o), storing lying cause last.	immediate DUE TO	-6	congestion on the contributing to di	de la company	Lead NOT RELATED TO	4-au	Dir J	CONDITION GIV	'EN IN PART 1	50 riunde
OR CONTRIBUTION	PERFORMED? YES NO S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PERFORMED? YES NO S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
ZOC. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yes 19	While	Not while	20e. PL/ foc	ACE OF INJURY tory, street, office	(Home, form, te bldg., etc.)	20f. (Cily	or lown)	(Con	unty) (State)
actual SIGNATURE	Blue	decease 195		t death		3120t		the causes a		st saw the deceased date stated above DATP SIGNED
	N. B. W. A.	120	224. NAME OF CEN	PLD METERY OF	CREMATORY	Bort	of ant	ST. Sil	UER S	pring Ma
REMOVAL (Specify BURIAL 23 FLINERAL DIRECTOR	12/15/58	NC.	ST. JOHN			ETERY		GOMERY C		MARYLAND
Raymend	11 12	/	STIVER SP	KING	MD.	DATEDEC			hur S. 70	rand

uneral director, fid be filed with death. Page 4 may be retaine the haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TENDING PHYSICIAN: The low requires that the disast mentificate be executed within 24 hours TO HOSPITAL C

VS A15 (4) 15M 10/57

